

Scanned by KNIGHT, DIANE A in facility Low Sterrett North Tower on 12/01/2009 10:58

Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas MEDICATION ADMINISTRATION RECORD	Patient Name: GREEN GARY	
	Book-In 09073266	
	AIS Number: 2643937	
	Date of Birth: 3/14/1971	Patient Age: 38
	Date of Service: 11/27/2009	Patient Race: African
Jail Location: NORT 6E03		

Allergies:

Drug	KOP Y/N	Start Date	Stop Date	11/27/2009				11/28/2009				11/29/2009			
				0	1	1	2	0	1	1	2	0	1	1	2
Prescriber				6	2	8	4	6	2	8	4	6	2	8	4
Dose/ Route/ Frequency				0	0	0	0	0	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0	0	0	0	0
				-	-	-	-	-	-	-	-	-	-	-	-
				1	1	2	0	1	1	2	0	1	1	2	0
				1	7	3	5	1	7	3	5	1	7	3	5
				5	5	5	5	5	5	5	5	5	5	5	5
				9	9	9	9	9	9	9	9	9	9	9	9

HYDROCHLOROTHIAZIDE 25MG MUTHUSAMY ANANDKUMAR MD TAKE ONE TABLET(S) BY MOUTH DAILY	N	11/13/2009	5/12/2010	JB	/	/	/	/	/	/	/	/	/	/	/
MIRTAZAPINE 15MG ARIF KHAN PS TAKE ONE TABLET(S) EVERY EVENING BY MOUTH	N	11/7/2009	2/3/2010	/	/	JB	/	/	/	/	/	/	/	/	/
LISINAPRIL 20MG ARIF KHAN PS TAKE ONE TABLET(S) TWICE DAILY BY MOUTH	N	11/7/2009	2/1/2010	JB	/	JB	/	/	/	/	/	/	/	/	/
HYDROXYZINE HCL 50MG ARIF KHAN PS 1 EVERY EVENING	N	11/7/2009	2/3/2010	/	/	JB	/	/	/	/	/	/	/	/	/

Initial: JB Signature: Brown 30811
 Initial: W Signature: B. A. 2291
 Initial: Signature:

Initial: JB Signature: K. Backen RN 28344
 Initial: Signature:
 Initial: Signature:

Attention:

Please flag all temporary MARS with a "Post It Flag" and leave in the MAR book each day until the printed MAR arrives.
 Please notify the pharmacy if a printed MAR has not been received by the third day a medication has been ordered.



Scanned by RODRIGUEZ, MONICA P in facility Low Sterile North Tower on 11/30/2009 17:12

Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas MEDICATION ADMINISTRATION RECORD	Patient Name: GREEN GARY	
	Book-In 09073266	
	AIS Number: 2643937	
	Date of Birth: 3/14/1971	Patient Age: 38
	Date of Service: 11/26/2009	Patient Race: African
Jail Location: NORT 6E03		

Allergies:

Drug	KOP Y/N	Start Date	Stop Date	11/26/2009				11/27/2009				11/28/2009			
				0	1	1	2	0	1	1	2	0	1	1	2
Prescriber				6	2	8	4	6	2	8	4	6	2	8	4
Dose/ Route/ Frequency				0	0	0	0	0	0	0	0	0	0	0	0
				-	-	-	-	-	-	-	-	-	-	-	-
				1	1	2	0	1	1	2	0	1	1	2	0
				1	7	3	5	1	7	3	5	1	7	3	5
				5	5	5	5	5	5	5	5	5	5	5	5
				9	9	9	9	9	9	9	9	9	9	9	9

HYDROCHLOROTHIAZIDE 25MG MUTHUSAMY ANANDKUMAR MD TAKE ONE TABLET(S) BY MOUTH DAILY	N	11/13/2009	5/12/2010	RA	/										
MIRTAZAPINE 15MG ARIF KHAN PS TAKE ONE TABLET(S) EVERY EVENING BY MOUTH	N	11/7/2009	2/3/2010	/	OA	195									
LISINAPRIL 20MG ARIF KHAN PS TAKE ONE TABLET(S) TWICE DAILY BY MOUTH	N	11/7/2009	2/1/2010	RA	OA	195									
HYDROXYZINE HCL 50MG ARIF KHAN PS 1 EVERY EVENING	N	11/7/2009	2/3/2010	/	OA	195									

Initial: RA Signature: Arif Khan 2680
Initial: _____ Signature: _____
Initial: _____ Signature: _____

Initial: OA Signature: Arif Khan 2798
Initial: _____ Signature: _____
Initial: _____ Signature: _____

Attention:

Please flag all temporary MARS with a "Post It Flag" and leave in the MAR book each day until the printed MAR arrives.
Please notify the pharmacy if a printed MAR has not been received by the third day a medication has been ordered.



Scanned by RODRIGUEZ MONICA P in facility Low Sterrett North Tower on 11/30/2009 16:43

Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas MEDICATION ADMINISTRATION RECORD	Patient Name: GREEN GARY Book-In 09073286 AIS Number: 2643937 Date of Birth: 3/14/1971 Patient Age: 38 Date of Service: 11/25/2009 Patient Race: African Jail Location: NORT 6E03
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Allergies:

Drug	KOP Y/N	Start Date	Stop Date	11/25/2009				11/26/2009				11/27/2009			
				0	1	1	2	0	1	1	2	0	1	1	2
Prescriber				6	2	8	4	6	2	8	4	6	2	8	4
Dose/ Route/ Frequency				0	0	0	0	0	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0	0	0	0	0
				-	-	-	-	-	-	-	-	-	-	-	-
				1	1	2	0	1	1	2	0	1	1	2	0
				1	7	3	5	1	7	3	5	1	7	3	5
				5	5	5	5	5	5	5	5	5	5	5	5
				9	9	9	9	9	9	9	9	9	9	9	9

HYDROCHLOROTHIAZIDE 25MG MUTHUSAMY ANANDKUMAR MD TAKE ONE TABLET(S) BY MOUTH DAILY	N	11/13/2009	5/12/2010	RA											
MIRTAZAPINE 15MG ARIF KHAN PS TAKE ONE TABLET(S) EVERY EVENING BY MOUTH	N	11/7/2009	2/3/2010	/		W									
LISINAPRIL 20MG ARIF KHAN PS TAKE ONE TABLET(S) TWICE DAILY BY MOUTH	N	11/7/2009	2/1/2010	RA		W									
HYDROXYZINE HCL 50MG ARIF KHAN PS 1 EVERY EVENING	N	11/7/2009	2/3/2010	/		W									

Initial: RA Signature: Dr. Muthusamy Anandkumar Initial: W Signature: L Jasabe RN 15631
Initial: _____ Signature: _____ Initial: _____ Signature: _____
Initial: _____ Signature: _____ Initial: _____ Signature: _____

Attention:

Please flag all temporary MARS with a "Post it Flag" and leave in the MAR book each day until the printed MAR arrives.
Please notify the pharmacy if a printed MAR has not been received by the third day a medication has been ordered.



Scanned by SIERRA, LAVENA F CCA in facility Low Sterrett North Tower on 11/27/2009 13:00

Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas MEDICATION ADMINISTRATION RECORD	Patient Name: GREEN GARY Book-In 09073266 AIS Number: 2643937 Date of Birth: 3/14/1971 Date of Service: 11/24/2009 Jail Location: NORT 6E03 Patient Age: 38 Patient Race: African
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Allergies:

			11/24/2009				11/25/2009				11/26/2009				
Drug	KOP Y/N	Start Date	Stop Date	0	1	1	2	0	1	1	2	0	1	1	2
				6	2	8	4	6	2	8	4	6	2	8	4
Prescriber				0	0	0	0	0	0	0	0	0	0	0	0
Dose/ Route/ Frequency				0	0	0	0	0	0	0	0	0	0	0	0
				-	-	-	-	-	-	-	-	-	-	-	-
				1	1	2	0	1	1	2	0	1	1	2	0
				1	7	3	5	1	7	3	5	1	7	3	5
				5	5	5	5	5	5	5	5	5	5	5	5
				9	9	9	9	9	9	9	9	9	9	9	9

[illegible]

Initial: W Signature: WSS A 2201
Initial: _____ Signature: _____
Initial: _____ Signature: _____

Initial: KB Signature: K. Barber RN 285344
Initial: _____ Signature: _____
Initial: _____ Signature: _____

Attention:

Please flag all temporary MARS with a "Post It Flag" and leave in the MAR book each day until the printed MAR arrives. Please notify the pharmacy if a printed MAR has not been received by the third day a medication has been ordered.



Scanned by SIERRA, LAVENA F CCA in facility Low Sierret North Tower on 11/27/2009 09:53

Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas MEDICATION ADMINISTRATION RECORD	Patient Name: GREEN GARY	
	Book-In 09073266	
	AIS Number: 2643937	
	Date of Birth: 3/14/1971	Patient Age: 38
	Date of Service: 11/23/2009	Patient Race: African
		Jail Location: NORT 6E03

Allergies:

Drug	KOP Y/N	Start Date	Stop Date	11/23/2009				11/24/2009				11/25/2009			
				0	1	1	2	0	1	1	2	0	1	1	2
Prescriber				6	2	8	4	6	2	8	4	6	2	8	4
Dose/ Route/ Frequency				0	0	0	0	0	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0	0	0	0	0
				-	-	-	-	-	-	-	-	-	-	-	-
				1	1	2	0	1	1	2	0	1	1	2	0
				1	7	3	5	1	7	3	5	1	7	3	5
				5	5	5	5	5	5	5	5	5	5	5	5
				9	9	9	9	9	9	9	9	9	9	9	9

HYDROCHLOROTHIAZIDE 25MG MUTHUSAMY ANANDKUMAR MD TAKE ONE TABLET(S) BY MOUTH DAILY	N	11/13/2009	5/12/2010	NY											
MIRTAPAZINE 15MG ARIF KHAN PS TAKE ONE TABLET(S) EVERY EVENING BY MOUTH	N	11/7/2009	2/3/2010	/	AB										
LISINAPRIL 20MG ARIF KHAN PS TAKE ONE TABLET(S) TWICE DAILY BY MOUTH	N	11/7/2009	2/1/2010	M	AB										
HYDROXYZINE HCL 50MG ARIF KHAN PS 1 EVERY EVENING	N	11/7/2009	2/3/2010	/	AB										

Initial: AA Signature: ARIF KHAN 11/22/09 Initial: AB Signature: ARIF KHAN 11/23/09
Initial: _____ Signature: _____ Initial: _____ Signature: _____
Initial: _____ Signature: _____ Initial: _____ Signature: _____

Attention:

Please flag all temporary MARS with a "Post it Flag" and leave in the MAR book each day until the printed MAR arrives.
Please notify the pharmacy if a printed MAR has not been received by the third day a medication has been ordered.



* 4 0 1 0 9 0 7 3 2 6 6 0 4 2 8 2 0 0 0 0 0 0 0 *

Scanned by RODRIGUEZ, MONICA P in facility Low Sterrett North Tower on 11/25/2009 08:05

Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas MEDICATION ADMINISTRATION RECORD	Patient Name: GREEN GARY	
	Book-In 09073266	
	AIS Number: 2643937	
	Date of Birth: 3/14/1971	Patient Age: 38
	Date of Service: 11/22/2009	Patient Race: African
Jail Location: NORT 6E03		

Allergies:

Drug	KOP Y/N	Start Date	Stop Date	11/22/2009				11/23/2009				11/24/2009			
				0	1	1	2	0	1	1	2	0	1	1	2
Prescriber				6	2	8	4	6	2	8	4	6	2	8	4
Dose/ Route/ Frequency				0	0	0	0	0	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0	0	0	0	0
				-	-	-	-	-	-	-	-	-	-	-	-
				1	1	2	0	1	1	2	0	1	1	2	0
				1	7	3	5	1	7	3	5	1	7	3	5
				6	6	6	6	6	6	6	6	6	6	6	6
				9	9	9	9	9	9	9	9	9	9	9	9

HYDROCHLOROTHIAZIDE 25MG MUTHUSAMY ANANDKUMAR MD TAKE ONE TABLET(S) BY MOUTH DAILY	N	11/13/2009	5/12/2010	/	/	/									
MIRTAZAPINE 15MG ARIF KHAN PS TAKE ONE TABLET(S) EVERY EVENING BY MOUTH	N	11/7/2009	2/3/2010	/	/	/									
LISINAPRIL 20MG ARIF KHAN PS TAKE ONE TABLET(S) TWICE DAILY BY MOUTH	N	11/7/2009	2/1/2010	/	/	/									
HYDROXYZINE HCL 50MG ARIF KHAN PS 1 EVERY EVENING	N	11/7/2009	2/3/2010	/	/	/									

Initial: AM Signature: [Signature] Initial: _____ Signature: _____
Initial: _____ Signature: _____ Initial: _____ Signature: _____
Initial: _____ Signature: _____ Initial: _____ Signature: _____

Attention:

Please flag all temporary MARS with a "Post it Flag" and leave in the MAR book each day until the printed MAR arrives.
Please notify the pharmacy if a printed MAR has not been received by the third day a medication has been ordered.



Scanned by MIRELEZ, MICHAEL J CCA in facility Low Sterrett North Tower on 11/25/2009 11:59

Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas MEDICATION ADMINISTRATION RECORD	Patient Name: GREEN GARY	
	Book-In 09073266	
	AIS Number: 2643937	
	Date of Birth: 3/14/1971	Patient Age: 38
	Date of Service: 11/20/2009	Patient Race: African
Jail Location: NORT 6E03		

Allergies:

Drug	KOP Y/N	Start Date	Stop Date	11/20/2009				11/21/2009				11/22/2009			
				0	1	1	2	0	1	1	2	0	1	1	2
Prescriber				6	2	8	4	6	2	8	4	6	2	8	4
Dose/ Route/ Frequency				0	0	0	0	0	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0	0	0	0	0
				-	-	-	-	-	-	-	-	-	-	-	-
				1	1	2	0	1	1	2	0	1	1	2	0
				1	7	3	5	1	7	3	5	1	7	3	5
				5	5	5	5	5	5	5	5	5	5	5	5
				9	9	9	9	9	9	9	9	9	9	9	9

HYDROCHLOROTHIAZIDE 25MG MUTHUSAMY ANANDKUMAR MD TAKE ONE TABLET(S) BY MOUTH DAILY	N	11/13/2009	5/12/2010	Ror				Ror							
MIRTAZAPINE 15MG ARIF KHAN PS TAKE ONE TABLET(S) EVERY EVENING BY MOUTH	N	11/7/2009	2/3/2010	/		PD		/		PD					
LISINOPRIL 20MG ARIF KHAN PS TAKE ONE TABLET(S) TWICE DAILY BY MOUTH	N	11/7/2009	2/1/2010	Ror		PD		Ror		PD					
HYDROXYZINE HCL 50MG ARIF KHAN PS 1 EVERY EVENING	N	11/7/2009	2/3/2010	/		PD		/		PD					

Initial: PM Signature: Arif Khan
Initial: PM Signature: Arif Khan
Initial: _____ Signature: _____

Initial: _____ Signature: _____
Initial: _____ Signature: _____
Initial: _____ Signature: _____

Attention:

Please flag all temporary MARS with a "Post it Flag" and leave in the MAR book each day until the printed MAR arrives.
Please notify the pharmacy if a printed MAR has not been received by the third day a medication has been ordered.



Scanned by MIRELEZ, MICHAEL J CCA in facility Low Sterrett North Tower on 11/25/2009 07:50

Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas MEDICATION ADMINISTRATION RECORD	Patient Name: GREEN GARY	
	Book-in 09073266	
	AIS Number: 2643937	
	Date of Birth: 3/14/1971	Patient Age: 38
	Date of Service: 11/19/2009	Patient Race: African
Jail Location: NORT 6E03		

Allergies:

Drug	KOP Y/N	Start Date	Stop Date	11/19/2009				11/20/2009				11/21/2009			
				0	1	1	2	0	1	1	2	0	1	1	2
Prescriber				6	2	8	4	6	2	8	4	6	2	8	4
Dose/ Route/ Frequency				0	0	0	0	0	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0	0	0	0	0
				-	-	-	-	-	-	-	-	-	-	-	-
				1	1	2	0	1	1	2	0	1	1	2	0
				1	7	3	5	1	7	3	5	1	7	3	5
				5	5	5	5	5	5	5	5	5	5	5	5
				9	9	9	9	9	9	9	9	9	9	9	9

HYDROCHLOROTHIAZIDE 25MG MUTHUSAMY ANANDKUMAR MD TAKE ONE TABLET(S) BY MOUTH DAILY	N	11/13/2009	5/12/2010	H17											
MIRTAZAPINE 15MG ARIF KHAN PS TAKE ONE TABLET(S) EVERY EVENING BY MOUTH	N	11/7/2009	2/3/2010	/											
LISINAPRIL 20MG ARIF KHAN PS TAKE ONE TABLET(S) TWICE DAILY BY MOUTH	N	11/7/2009	2/1/2010	H17											
HYDROXYZINE HCL 50MG ARIF KHAN PS 1 EVERY EVENING	N	11/7/2009	2/3/2010	/											

Initial: MR Signature: Rash A. L. L. L.
Initial: _____ Signature: _____
Initial: _____ Signature: _____

Initial: LD Signature: LD 2950
Initial: _____ Signature: _____
Initial: _____ Signature: _____

Attention:

Please flag all temporary MARS with a "Post it Flag" and leave in the MAR book each day until the printed MAR arrives.
Please notify the pharmacy if a printed MAR has not been received by the third day a medication has been ordered.



* 4 8 1 8 9 8 7 3 2 6 6 8 4 2 8 2 8 8 8 8 8 8 8 *

Allergies:

Please notify the pharmacy if a printed label has not been received.

* 4 8 2 9 8 7 3 2 6 6 8 4 2 8 2 8 8 8 8 8 8 8 *

Scanned by SIERRA, LAVENA F CCA in facility Low Sterrett West Tower on 11/25/2009 12:26

Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas MEDICATION ADMINISTRATION RECORD	Patient Name: GREEN GARY Book-In 09073266 AIS Number: 2843937 Date of Birth: 3/14/1971 Patient Age: 38 Date of Service: 11/17/2009 Patient Race: African Jail Location: WEST 07P 03
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Allergies:

Drug	KOP Y/N	Start Date	Stop Date	11/17/2009				11/18/2009				11/19/2009			
				0	1	1	2	0	1	1	2	0	1	1	2
Prescriber				6	2	8	4	6	2	8	4	6	2	8	4
Dose/ Route/ Frequency				0	0	0	0	0	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0	0	0	0	0
				-	-	-	-	-	-	-	-	-	-	-	-
				1	1	2	0	1	1	2	0	1	1	2	0
				1	7	3	5	1	7	3	5	1	7	3	5
				5	5	5	5	5	5	5	5	5	5	5	5
				9	9	9	9	9	9	9	9	9	9	9	9

HYDROCHLOROTHIAZIDE 25MG MUTHUSAMY ANANDKUMAR MD TAKE ONE TABLET(S) BY MOUTH DAILY	N	11/13/2009	5/12/2010	16											
MIRTAZAPINE 15MG ARIF KHAN PS TAKE ONE TABLET(S) EVERY EVENING BY MOUTH	N	11/7/2009	2/3/2010	1		1									
LISINAPRIL 20MG ARIF KHAN PS TAKE ONE TABLET(S) TWICE DAILY BY MOUTH	N	11/7/2009	2/1/2010	8		1									
HYDROXYZINE HCL 50MG ARIF KHAN PS 1 EVERY EVENING	N	11/7/2009	2/3/2010	1		1									

Initial: _____ Signature: _____
Initial: _____ Signature: _____
Initial: _____ Signature: _____

Initial: h Signature: 26044
Initial: h Signature: h-2010
Initial: _____ Signature: _____

Attention:

Please flag all temporary MARS with a "Post it Flag" and leave in the MAR book each day until the printed MAR arrives.
Please notify the pharmacy if a printed MAR has not been received by the third day a medication has been ordered.



* 4 0 2 8 9 0 7 3 2 6 6 0 4 2 8 2 0 0 0 0 0 0 0 *

Scanned by RODRIGUEZ, MONICA P in facility Low Stereot West Tower on 11/20/2009 15:36

Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas MEDICATION ADMINISTRATION RECORD	Patient Name: GREEN GARY	
	Book-In 09073266	
	AIS Number: 2643937	
	Date of Birth: 3/14/1971	Patient Age: 38
	Date of Service: 11/15/2009	Patient Race: African
Jail Location: WEST 07P 03		

Allergies:

Drug	KOP Y/N	Start Date	Stop Date	11/15/2009				11/16/2009				11/17/2009			
				0	1	1	2	0	1	1	2	0	1	1	2
Prescriber				6	2	8	4	6	2	8	4	6	2	8	4
Dose/ Route/ Frequency				0	0	0	0	0	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0	0	0	0	0
				-	-	-	-	-	-	-	-	-	-	-	-
				1	1	2	0	1	1	2	0	1	1	2	0
				1	7	3	6	1	7	3	6	1	7	3	6
				5	5	6	5	5	5	5	5	5	5	5	5
				9	9	9	9	9	9	9	9	9	9	9	9

HYDROCHLOROTHIAZIDE 25MG MUTHUSAMY ANANDKUMAR MD TAKE ONE TABLET(S) BY MOUTH DAILY	N	11/13/2009	5/12/2010	/				/							
MIRTAZAPINE 15MG ARIF KHAN PS TAKE ONE TABLET(S) EVERY EVENING BY MOUTH	N	11/7/2009	2/3/2010	/				/		/					
LISINAPRIL 20MG ARIF KHAN PS TAKE ONE TABLET(S) TWICE DAILY BY MOUTH	N	11/7/2009	2/1/2010	/				/		/					
HYDROXYZINE HCL 50MG ARIF KHAN PS 1 EVERY EVENING	N	11/7/2009	2/3/2010	/				/		/					

Initial: _____ Signature: _____
Initial: _____ Signature: _____
Initial: _____ Signature: _____

Initial: *[Signature]* Signature: *[Signature]*
Initial: *[Signature]* Signature: *[Signature]*
Initial: *[Signature]* Signature: *[Signature]*

Attention:

Please flag all temporary MARS with a "Post It Flag" and leave in the MAR book each day until the printed MAR arrives.
Please notify the pharmacy if a printed MAR has not been received by the third day a medication has been ordered.



Scanned by KNIGHT, DIANE A in facility Low Sterrett West Tower on 11/18/2009 12:03

Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas MEDICATION ADMINISTRATION RECORD	Patient Name: GREEN GARY	
	Book-In 09073266	
	AIS Number: 2643837	Patient Age: 38
	Date of Birth: 3/14/1971	Patient Race: African
	Date of Service: 11/14/2009	
	Jail Location: WEST 07P 03	

Allergies:

Drug	KOP Y/N	Start Date	Stop Date	11/14/2009				11/15/2009				11/16/2009			
				0	1	1	2	0	1	1	2	0	1	1	2
Prescriber				6	2	8	4	6	2	8	4	6	2	8	4
Dose/ Route/ Frequency				0	0	0	0	0	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0	0	0	0	0
				-	-	-	-	-	-	-	-	-	-	-	-
				1	1	2	0	1	1	2	0	1	1	2	0
				1	7	3	5	1	7	3	5	1	7	3	5
				5	5	5	5	5	5	5	5	5	5	5	5
				9	9	9	9	9	9	9	9	9	9	9	9

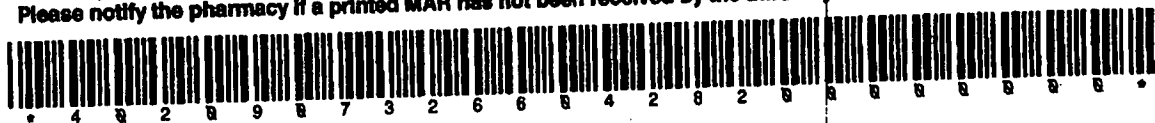
HYDROCHLOROTHIAZIDE 25MG MUTHUSAMY ANANDKUMAR MD TAKE ONE TABLET(S) BY MOUTH DAILY	N	11/13/2009	5/12/2010	/											
MIRTAZAPINE 15MG ARIF KHAN PS TAKE ONE TABLET(S) EVERY EVENING BY MOUTH	N	11/7/2009	2/3/2010	/											
LISINOPRIL 20MG ARIF KHAN PS TAKE ONE TABLET(S) TWICE DAILY BY MOUTH	N	11/7/2009	2/1/2010	/											
HYDROXYZINE HCL 50MG ARIF KHAN PS 1 EVERY EVENING	N	11/7/2009	2/3/2010	/											

Initial: AW Signature: Arif Khan
 Initial: _____ Signature: _____
 Initial: _____ Signature: _____

Initial: P Signature: Phyllis
 Initial: _____ Signature: _____
 Initial: _____ Signature: _____

Attention:

Please flag all temporary MARS with a "Post It Flag" and leave in the MAR book each day until the printed MAR arrives.
 Please notify the pharmacy if a printed MAR has not been received by the third day a medication has been ordered.



Scanned by RODRIGUEZ, MONICA P in facility Low Street West Tower on 11/18/2009 09:04

Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas MEDICATION ADMINISTRATION RECORD	Patient Name: GREEN GARY Book-in 09073266 AIS Number: 2643937 Date of Birth: 3/14/1971 Patient Age: 38 Date of Service: 11/13/2009 Patient Race: African Jail Location: WEST 07P 03
---	--

Allergies:

Drug	KOP Y/N	Start Date	Stop Date	11/13/2009				11/14/2009				11/15/2009			
				0	1	1	2	0	1	1	2	0	1	1	2
Prescriber				6	2	8	4	6	2	8	4	6	2	8	4
Dose/ Route/ Frequency				0	0	0	0	0	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0	0	0	0	0
				1	1	2	0	1	1	2	0	1	1	2	0
				1	7	3	5	1	7	3	5	1	7	3	5
				5	5	5	5	5	5	5	5	5	5	5	5
				9	9	9	9	9	9	9	9	9	9	9	9

HYDROCHLOROTHIAZIDE 25MG MUTHUSAMY ANANDKUMAR MD TAKE ONE TABLET(S) BY MOUTH DAILY	N	11/13/2009	5/12/2010	8											
MIRTAZAPINE 15MG ARIF KHAN PS TAKE ONE TABLET(S) EVERY EVENING BY MOUTH	N	11/7/2009	2/3/2010		dm										
LISINOPRIL 20MG ARIF KHAN PS TAKE ONE TABLET(S) TWICE DAILY BY MOUTH	N	11/7/2009	2/1/2010	8	h										
HYDROXYZINE HCL 50MG ARIF KHAN PS 1 EVERY EVENING	N	11/7/2009	2/3/2010		h										

Initial: _____ Signature: _____
Initial: _____ Signature: _____
Initial: _____ Signature: _____

Initial: JP Signature: JP 11/18/09
Initial: h Signature: h 11/18/09
Initial: _____ Signature: _____

Attention:

Please flag all temporary MARS with a "Post It Flag" and leave in the MAR book each day until the printed MAR arrives.
Please notify the pharmacy if a printed MAR has not been received by the third day a medication has been ordered.



* 4 8 2 8 9 8 7 3 2 6 6 8 4 2 8 2 8 8 8 8 8 8 *

Scanned by RODRIGUEZ, MONICA P in facility Low Sterrett West Tower on 11/18/2009 10:02

Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas MEDICATION ADMINISTRATION RECORD	Patient Name: GREEN GARY Book-In 09073266 AIS Number: 2643937 Date of Birth: 3/14/1971 Patient Age: 38 Date of Service: 11/12/2009 Patient Race: African Jail Location: WEST 07P 03
---	--

Allergies:

Drug	KOP Y/N	Start Date	Stop Date	11/12/2009				11/13/2009				11/14/2009			
				0	1	1	2	0	1	1	2	0	1	1	2
Prescriber				6	2	8	4	6	2	8	4	6	2	8	4
Dose/ Route/ Frequency				0	0	0	0	0	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0	0	0	0	0
				-	-	-	-	-	-	-	-	-	-	-	-
				1	1	2	0	1	1	2	0	1	1	2	0
				1	7	3	5	1	7	3	5	1	7	3	5
				5	5	5	5	5	5	5	5	5	5	5	5
				9	9	9	9	9	9	9	9	9	9	9	9

MRTAZAPINE 15MG ARIF KHAN PS TAKE ONE TABLET(S) EVERY EVENING BY MOUTH	N	11/7/2009	2/3/2010												
LISINAPRIL 20MG ARIF KHAN PS TAKE ONE TABLET(S) TWICE DAILY BY MOUTH	N	11/7/2009	2/1/2010												
HYDROXYZINE HCL 50MG ARIF KHAN PS 1 EVERY EVENING	N	11/7/2009	2/3/2010												
HYDROCHLOROTHIAZIDE 25MG CATHY PAVELKA MD TAKE ONE TABLET(S) BY MOUTH DAILY	N	11/8/2009	11/17/2009												

Initial: _____ Signature: _____
Initial: _____ Signature: _____
Initial: _____ Signature: _____

Initial: JE Signature: [Signature]
Initial: JE Signature: [Signature]
Initial: _____ Signature: _____

Attention:

Please flag all temporary MARS with a "Post It Flag" and leave in the MAR book each day until the printed MAR arrives.
Please notify the pharmacy if a printed MAR has not been received by the third day a medication has been ordered.



Scanned by PATTERSON, GINA in facility Low Sterile West Tower on 11/14/2009 06:19

Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas MEDICATION ADMINISTRATION RECORD	Patient Name: GREEN GARY Book-in 09073266 AIS Number: 2643937 Date of Birth: 3/14/1971 Patient Age: 38 Date of Service: 11/8/2009 Patient Race: African Jail Location: WEST 07P 03
---	---

Allergies:

Drug	KOP Y/N	Start Date	Stop Date	11/09/2009				11/10/2009				11/11/2009			
				0	1	1	2	0	1	1	2	0	1	1	2
Prescriber				6	2	8	4	6	2	8	4	6	2	8	4
Dose/ Route/ Frequency				0	0	0	0	0	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0	0	0	0	0
				-	-	-	-	-	-	-	-	-	-	-	-
				1	1	2	0	1	1	2	0	1	1	2	0
				1	7	3	5	1	7	3	5	1	7	3	5
				5	5	5	5	5	5	5	5	5	5	5	5
				9	9	9	9	9	9	9	9	9	9	9	9

MIRTAZAPINE 15MG ARIF KHAN PS TAKE ONE TABLET(S) EVERY EVENING BY MOUTH	N	11/7/2009	2/3/2010												
LISINAPRIL 20MG ARIF KHAN PS TAKE ONE TABLET(S) TWICE DAILY BY MOUTH	N	11/7/2009	2/1/2010												
HYDROXYZINE HCL 50MG ARIF KHAN PS 1 EVERY EVENING	N	11/7/2009	2/3/2010												
HYDROCHLOROTHIAZIDE 25MG CATHY PAVELKA MD TAKE ONE TABLET(S) BY MOUTH DAILY	N	11/8/2009	11/17/2009												

Initial: _____ Signature: _____
Initial: _____ Signature: _____
Initial: _____ Signature: _____

Initial: SE Signature: [Signature]
Initial: AM Signature: [Signature]
Initial: _____ Signature: _____

Attention:

Please flag all temporary MARS with a "Post it Flag" and leave in the MAR book each day until the printed MAR arrives.
Please notify the pharmacy if a printed MAR has not been received by the third day a medication has been ordered.



Scanned by REYES, LUZ E in facility Low Sterile West Tower on 11/09/2009 20:12

Parkland Cent Pharm/Jail Health

Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 07 NOV 2009 07:00 TO 08 NOV 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59 0910	EVENING 15:00-22:59	NIGHT 23:00-06:59
Hydrochlorothiazide 25Mg Tb UD 25MG ORAL 1 tablet by mouth daily Pavelka, Cathy S 000	N	10-19-09		JE		
Lisinopril 20 Mg Tablet UD 20MG ORAL 1 tablet by mouth twice a day Khurana, Kiran 000	N	11-04-09		B	1920 Q1	
Mirtazapine 15 Mg Tablet UD 15MG ORAL 1 tablet by mouth every evening Khan, Arif 000	N	11-06-09		/	Q1	
Hydroxyzine Hcl 50 Mg Tablet 50MG ORAL 1 tablet by mouth every evening Khan, Arif 000	N	11-06-09		/	Q1	

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
			J Hardaway, LVN 27974		

11/7/2009 1:24:29AM

MAR Reporting Period from 0701-11/07 to 0700 -11/08



Scanned by PATTERSON, GINA in facility Low Sterrett West Tower on 11/14/2009 08:56

Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas MEDICATION ADMINISTRATION RECORD	Patient Name: GREEN GARY	
	Book-in 09073266	
	AIS Number: 2643937	
	Date of Birth: 3/14/1971	Patient Age: 38
	Date of Service: 11/7/2009	Patient Race: African
Jail Location: WEST 07P 03		

Allergies:

Drug Prescriber Dose/ Route/ Frequency KOP Y/N	Start Date	Stop Date	11/08/2009				11/09/2009				11/10/2009			
			0 6 0 0 - 1 1 5 9	1 2 0 0 - 1 7 5 9	1 8 0 0 - 2 3 5 9	2 4 0 0 - 0 5 5 9	0 6 0 0 - 1 7 5 9	1 2 0 0 - 1 3 5 9	1 8 0 0 - 2 3 5 9	2 4 0 0 - 0 5 5 9	0 6 0 0 - 1 7 5 9	1 2 0 0 - 1 3 5 9	1 8 0 0 - 2 3 5 9	2 4 0 0 - 0 5 5 9
MIRTAZAPINE 15MG ARIF KHAN PS TAKE ONE TABLET(S) EVERY EVENING BY MOUTH N	11/7/2009	2/3/2010	/	h			/	h			/	h		
LISINOPRIL 20MG ARIF KHAN PS TAKE ONE TABLET(S) TWICE DAILY BY MOUTH N	11/7/2009	2/1/2010	h	h			h	h			h	h		
HYDROXYZINE HCL 50MG ARIF KHAN PS 1 EVERY EVENING N	11/7/2009	2/3/2010	/	h			/	h			/	h		
HYDROCHLOROTHIAZIDE 25MG CATHY PAVELKA MD TAKE ONE TABLET(S) BY MOUTH DAILY N	11/8/2009	11/17/2009	h				h				h			

Initial: h Signature: [Signature]
Initial: _____ Signature: _____
Initial: _____ Signature: _____

Initial: SE Signature: [Signature]
Initial: h Signature: [Signature]
Initial: h Signature: [Signature]

Attention:

Please flag all temporary MARS with a "Post it Flag" and leave in the MAR book each day until the printed MAR arrives.
Please notify the pharmacy if a printed MAR has not been received by the third day a medication has been ordered.



* 4 8 2 8 9 8 7 3 2 6 6 8 4 2 8 2 8 8 8 8 8 8 8 *

Admission Date: 09/22/09

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 06 NOV 2009 07:00 TO 07 NOV 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59 MOO	EVENING 15:00-22:59 2100	NIGHT 23:00-06:59
Mirtazapine 15 Mg Tablet UD 15MG ORAL 1 tablet by mouth every evening Ridge, Todd	N 000	09-30-09				
Citalopram Hbr 40 Mg Tablet UD 40MG ORAL 1 tablet by mouth every morning. Start on 10/6/09 Ridge, Todd	N 000	09-30-09				
Hydrochlorothiazide 25Mg Tb UD 25MG ORAL 1 tablet by mouth daily Pavelka, Cathy S	N 000	10-19-09				
Lisinopril 20 Mg Tablet UD 20MG ORAL 1 tablet by mouth twice a day Khurana, Kiran	N 000	11-04-09				

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
			Hardaway LVN 27974		

11/6/2009_ 1:01:18AM

MAR Reporting Period from 0701-11/06 to 0700 -11/07

Scanned by MIRELEZ, MICHAEL J CCA in facility Low Street West Tower on 11/12/2009 09:25

Parkland Cent Pharm/Jail Health
Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 05 NOV 2009 07:00 TO 06 NOV 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Mirtazapline 15 Mg Tablet UD 15MG ORAL 1 tablet by mouth every evening Ridge, Todd 000	N	09-30-09			h	
Citalopram Hbr 40 Mg Tablet UD 40MG ORAL 1 tablet by mouth every morning. Start on 10/6/09 Ridge, Todd 000	N	09-30-09		NO STOP		
Hydrochlorothiazide 25Mg Tb UD 25MG ORAL 1 tablet by mouth daily Pavelka, Cathy S 000	N	10-19-09				
Lisinopril 20 Mg Tablet UD 20MG ORAL 1 tablet by mouth twice a day Khurana, Kiran 000	N	11-04-09			h	

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

11/5/2009 1:25:44AM

MAR Reporting Period from 0701-11/05 to 0700 -11/06



UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 04 NOV 2009 07:00 TO 05 NOV 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refill	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Mirtazapine 15 Mg Tablet UD 15MG ORAL 1 tablet by mouth every evening Ridge, Todd 000	N	09-30-09			1855 ML	
Citalopram Hbr 40 Mg Tablet UD 40MG ORAL 1 tablet by mouth every morning. Start on 10/6/09 Ridge, Todd 000	N	09-30-09		J		
Amlodipine 5 Mg Tablet UD 5MG ORAL 1 tablet by mouth daily Pavelka, Cathy S 000	N	10-19-09		J		
Hydrochlorothiazide 25Mg Tb UD 25MG ORAL 1 tablet by mouth daily Pavelka, Cathy S 000	N	10-19-09		J		

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		<i>T</i>	<i>1604N</i>	<i>RAO</i>	<i>Shu-29864</i>

11/4/2009_ 1:26:45AM

MAR Reporting Period from 0701-11/04 to 0700 -11/05

Scanned by RODRIGUEZ, MONICA P in facility Low Street West Tower on 11/09/2009 15:00 Pharm/Jail Health
Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 02 NOV 2009 07:00 TO 03 NOV 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
				0940		
Mirtazapine 15 Mg Tablet UD 15MG ORAL 1 tablet by mouth every evening Ridge, Todd	N 000	09-30-09		/	no	
Citalopram Hbr 40 Mg Tablet UD 40MG ORAL 1 tablet by mouth every morning. Start on 10/6/09 Ridge, Todd	N 000	09-30-09		SE		
Amlodipine 5 Mg Tablet UD 5MG ORAL 1 tablet by mouth daily Pavelka, Cathy S	N 000	10-19-09		SE		
Hydrochlorothiazide 25Mg Tb UD 25MG ORAL 1 tablet by mouth daily Pavelka, Cathy S	N 000	10-19-09		SE		

20480

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

11/2/2009_ 1:10:18AM

MAR Reporting Period from 0701-11/02 to 0700 -11/03



Scanned by RODRIGUEZ, MONICA P in facility Low Sterrett West Tower on 11/09/2009 14:38

Parkland Cent Pharm/Jail Health

Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 01 NOV 2009 07:00 TO 02 NOV 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	Route Rem Refills	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Mirtazapine 15 Mg Tablet UD 15MG 1 tablet by mouth every evening	ORAL	N	09-30-09				
Ridge, Todd	000						
Citalopram Hbr 40 Mg Tablet UD 40MG 1 tablet by mouth every morning. Start on 10/6/09	ORAL	N	09-30-09				
Ridge, Todd	000						
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily	ORAL	N	10-19-09				
Pavelka, Cathy S	000						
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	10-19-09				
Pavelka, Cathy S	000						
Loratadine 10 Mg Tablet 10MG 1 tablet by mouth once a day for 10 days	ORAL	Y	10-21-09	11-01-09			
ORDER EXPIRES AFTER TODAY Porsa, Esmacil	000						

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

11/1/2009 1:36:50AM

MAR Reporting Period from 0701-11/01 to 0700 -11/02



* 4 8 2 8 9 8 7 3 2 6 6 8 4 2 8 2 8 8 8 8 8 8 *

Scanned by RODRIGUEZ, MONICA P in facility Low Sterile West Tower on 11/08/2009 12:51 Pharm/Jail Health
Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 31 OCT 2009 07:00 TO 01 NOV 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Mirtazapine 15 Mg Tablet UD 15MG ORAL 1 tablet by mouth every evening Ridge, Todd	N 000	09-30-09	/	/	20.20 15	/
Citalopram Hbr 40 Mg Tablet UD 40MG ORAL 1 tablet by mouth every morning. Start on 10/6/09 Ridge, Todd	N 000	09-30-09	/	AA 0950 0950	/	/
Amlodipine 5 Mg Tablet UD 5MG ORAL 1 tablet by mouth daily Pavelka, Cathy S	N 000	10-19-09	/	AA 0950	/	/
Hydrochlorothiazide 25Mg Tb UD 25MG ORAL 1 tablet by mouth daily Pavelka, Cathy S	N 000	10-19-09	/	AA 0950	/	/
Loratadine 10 Mg Tablet 10MG ORAL 1 tablet by mouth once a day for 10 days Porsa, Esmacil	Y 000	10-21-09	11-01-09			KUP

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
AA	08264	M	27094		

10/31/2009 1:13:11AM

MAR Reporting Period from 0701-10/31 to 0700 -11/01



Scanned by SIERRA, LAVENAF CCA in facility Low Sterrett West Tower on 11/04/2009 07:41 Pharm/Jail Health

Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

Page 1 of 1

ADMINISTRATION PERIOD: 30 OCT 2009 07:00 TO 31 OCT 2009 06:59

Medication Dose Frequency MD	Route	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Mirtazapine 15 Mg Tablet UD 15MG 1 tablet by mouth every evening	ORAL	N	09-30-09				
Ridge, Todd		000					
Citalopram Hbr 40 Mg Tablet UD 40MG 1 tablet by mouth every morning. Start on 10/6/09	ORAL	N	09-30-09				
Ridge, Todd		000					
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily	ORAL	N	10-19-09				
Pavelka, Cathy S		000					
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	10-19-09				
Pavelka, Cathy S		000					
Loratadine 10 Mg Tablet 10MG 1 tablet by mouth once a day for 10 days	ORAL	Y	10-21-09	11-01-09			
Porsa, Esmacil		000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

10/30/2006 1:25:44AM

MAR Reporting Period from 0701-10/30 to 0700 -10/31



Scanned by THOMPSON, ANGELA in facility Low Sterett West Tower on 11/05/2009 08:10

Parkland Cent Pharm/Jail Health

Admission Date: 09/22/09

Book-In # 000009073268
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 29 OCT 2009 07:00 TO 30 OCT 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Mirtazapine 15 Mg Tablet UD 15MG 1 tablet by mouth every evening	ORAL	N 000	09-30-09				
Ridge, Todd							
Citalopram Hbr 40 Mg Tablet UD 40MG 1 tablet by mouth every morning. Start on 10/6/09	ORAL	N 000	09-30-09				
Ridge, Todd							
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily	ORAL	N 000	10-19-09				
Pavelka, Cathy S							
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N 000	10-19-09				
Pavelka, Cathy S							
Loratadine 10 Mg Tablet 10MG 1 tablet by mouth once a day for 10 days	ORAL	Y 000	10-21-09	11-01-09			
Porsa, Esmail							

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

10/29/2006 1:24:22AM

MAR Reporting Period from 0701-10/29 to 0700 -10/30



Scanned by SIERRA, LAVENA F CCA in facility Low Sterett West Tower on 11/04/2009 08:19
Admission Date: 09/22/09

Book-In # 000009073266
Pl. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 28 OCT 2009 07:00 TO 29 OCT 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	Route Rem Refills	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Mirtazapine 15 Mg Tablet UD 15MG ORAL 1 tablet by mouth every evening		N	09-30-09			PP	
Ridge, Todd	000						
Citalopram Hbr 40 Mg Tablet UD 40MG ORAL 1 tablet by mouth every morning. Start on 10/6/09		N	09-30-09		2		
Ridge, Todd	000						
Amitriptyline 5 Mg Tablet UD 5MG ORAL 1 tablet by mouth daily		N	10-19-09		2		
Pavelka, Cathy S	000						
Hydrochlorothiazide 25Mg Tb UD 25MG ORAL 1 tablet by mouth daily		N	10-19-09		2		
Pavelka, Cathy S	000						
Loratadine 10 Mg Tablet 10MG ORAL 1 tablet by mouth once a day for 10 days		Y	10-21-09	11-01-09	2		
Porsa, Esmacil	000						

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
PP	[Signature]			[Signature]	

10/28/2008 12:48:05AM

MAR Reporting Period from 0701-10/28 to 0700-10/29



Scanned by KNIGHT, DIANE A in facility Low Street West Tower on 11/04/2009 08:51

Parkland Cent Pharm/Jail Health

Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 27 OCT 2009 07:00 TO 28 OCT 2009 06:59

Page 1 of 2

Medication Dose Frequency MD	Route	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Mirtazapine 15 Mg Tablet UD 15MG 1 tablet by mouth every evening	ORAL	N	09-30-09				
Ridge, Todd		000					
Citalopram Hbr 40 Mg Tablet UD 40MG 1 tablet by mouth every morning. Start on 10/6/09	ORAL	N	09-30-09				
Ridge, Todd		000					
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily	ORAL	N	10-19-09				
Pavelka, Cathy S		000					
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	10-19-09				
Pavelka, Cathy S		000					
Ibuprofen 600 Mg Tablet UD 600MG 1 tablet by mouth two times a day for 5 days	ORAL	Y	10-21-09	10-27-09			
ORDER EXPIRES AFTER TODAY Porsa, Esmaeil		000					
Benzonatate 100mg capsules .025-250MG 1 capsule by mouth two times a day for 5 days	ORAL	Y	10-21-09	10-27-09			
ORDER EXPIRES AFTER TODAY Porsa, Esmaeil		000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

10/27/2004 1:27:23AM

MAR Reporting Period from 0701-10/27 to 0700 -10/28



Scanned by KNIGHT, DIANE A in facility Low Street West Tower on 11/04/2009 08:51

Parkland Cent Pharm/Jail Health

Admission Date: 09/22/09

Book-In # 000009073266
PL Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 27 OCT 2009 07:00 TO 28 OCT 2009 06:59

Page 2 of 2

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Loratadine 10 Mg Tablet 10MG 1 tablet by mouth once a day for 10 days	Y ORAL	10-21-09	11-01-09			
Porsa, Esmacil	000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

10/27/2006 1:27:23AM

MAR Reporting Period from 0701-10/27 to 0700 -10/28



Scanned by RODRIGUEZ, MONICA P in facility Low Street West Tower on 11/06/2009 17:09
Cincinnati County Jail Health
Admission Date: 09/22/09

Book-In # 000009073268
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 26 OCT 2009 07:00 TO 27 OCT 2009 06:59

Page 2 of 2

Medication	KOP	START	STOP	DAY	EVENING	NIGHT
Dose	Route	TIME	TIME	7:00-14:59	15:00-22:59	23:00-06:59
Frequency						
MD	Rem Refills					
Loratadine 10 Mg Tablet	Y	10-21-09	11-01-09	8		
10MG ORAL						
1 tablet by mouth once a day for 10 days						
Porsa, Esmacil	000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

10/26/2009 1:24:00AM

MAR Reporting Period from 0701-10/26 to 0700 -10/27



Scanned by RODRIGUEZ, MONICA P in facility Low Street West Tower on 11/06/2009 17:09
Inpatient Pharm/Jail Health
Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 26 OCT 2009 07:00 TO 27 OCT 2009 06:59

Page 1 of 2

Medication Dose Frequency MD	Route	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Rem Refills							
Mirtazapine 15 Mg Tablet UD 15MG 1 tablet by mouth every evening	ORAL	N	09-30-09			h	
Ridge, Todd		000					
Citalopram Hbr 40 Mg Tablet UD 40MG 1 tablet by mouth every morning. Start on 10/6/09	ORAL	N	09-30-09		J		
Ridge, Todd		000					
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily	ORAL	N	10-19-09		J		
Pavelka, Cathy S		000					
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	10-19-09		J		
Pavelka, Cathy S		000					
Ibuprofen 600 Mg Tablet UD 600MG 1 tablet by mouth two times a day for 5 days	ORAL	Y	10-21-09	10-27-09	J	h	
Porsa, Esmacil		000					
Benzonatate 100mg capsules .025-250MG 1 capsule by mouth two times a day for 5 days	ORAL	Y	10-21-09	10-27-09	J	h	
Porsa, Esmacil		000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		J	2009/10/26		Smal...

10/26/2009 1:24:00AM

MAR Reporting Period from 0701-10/26 to 0700 -10/27



Scanned by KNIGHT, DIANE A in facility Low Sterile West Tower on 12/07/2009 06:38

Parkland Cent Pharm/Jail Health

Admission Date: 09/22/09

Book-In # 000009073266
 Pt. Name: Green, Gary
 Date of Birth: 03/14/1971 Sex: M
 Allergies: No Known A

UNIT: 07P 03 07P 03
 BED: 0002

ADMINISTRATION PERIOD: 25 OCT 2009 07:00 TO 26 OCT 2009 06:59

Page 2 of 2

Medication Dose Frequency MD	Route Rem Refills	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Loratadine 10 Mg Tablet 10MG 1 tablet by mouth once a day for 10 days Porsa, Esmail	ORAL 000	Y	10-21-09	11-01-09	<i>KOP</i>		

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

10/25/2005 1:31:47AM

MAR Reporting Period from 0701-10/25 to 0700 -10/26



Scanned by KNIGHT, DIANE A in facility Low Stereot West Tower on 12/07/2009 06:38

Parkland Cent Pharm/Jail Health

Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 25 OCT 2009 07:00 TO 26 OCT 2009 06:59

Page 1 of 2

Medication Dose Frequency MD	Route	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
		Rem Refills			0910		
Mirtazapine 15 Mg Tablet UD 15MG 1 tablet by mouth every evening	ORAL	N	09-30-09			MD	
Ridge, Todd		000					
Citalopram Hbr 40 Mg Tablet UD 40MG 1 tablet by mouth every morning. Start on 10/6/09	ORAL	N	09-30-09		SE		
Ridge, Todd		000					
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily	ORAL	N	10-19-09		SE		
Pavelka, Cathy S		000					
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	10-19-09		SE		
Pavelka, Cathy S		000					
Ibuprofen 600 Mg Tablet UD 600MG 1 tablet by mouth two times a day for 5 days	ORAL	Y	10-21-09	10-27-09	MD		
Porsa, Esmacil		000					
Benzonatate 100mg capsules .025-250MG 1 capsule by mouth two times a day for 5 days	ORAL	Y	10-21-09	10-27-09	MD		
Porsa, Esmacil		000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

10/25/2009 1:31:47AM

MAR Reporting Period from 0701-10/25 to 0700 -10/26



Scanned by KNIGHT, DIANE A in facility Low Sterett West Tower on 12/04/2009 08:35

Cent Pharm/Jail Health

Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 24 OCT 2009 07:00 TO 25 OCT 2009 06:59

Page 1 of 2

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59 0000	EVENING 15:00-22:59	NIGHT 23:00-06:59
Mirtazapine 15 Mg Tablet UD 15MG ORAL 1 tablet by mouth every evening Ridge, Todd 000	N	09-30-09		/	22P	
Citalopram Hbr 40 Mg Tablet UD 40MG ORAL 1 tablet by mouth every morning. Start on 10/6/09 Ridge, Todd 000	N	09-30-09		8P		
Amlodipine 5 Mg Tablet UD 5MG ORAL 1 tablet by mouth daily Pavelka, Cathy S 000	N	10-19-09		8P		
Hydrochlorothiazide 25Mg Tb UD 25MG ORAL 1 tablet by mouth daily Pavelka, Cathy S 000	N	10-19-09		8P		
Ibuprofen 600 Mg Tablet UD 600MG ORAL 1 tablet by mouth two times a day for 5 days Porsa, Esmacil 000	Y	10-21-09	10-27-09	10P		
Benzonatate 100mg capsules .025-250MG ORAL 1 capsule by mouth two times a day for 5 days Porsa, Esmacil 000	Y	10-21-09	10-27-09	10P		

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

10/24/2009 1:20:37AM

MAR Reporting Period from 0701-10/24 to 0700 -10/25



Admission Date: 09/22/09

Page 2 of 2

Medication	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Dose	Route					
Frequency						
MD	Rem Refills					
Loratadine 10 Mg Tablet 10MG 1 tablet by mouth once a day for 10 days	Y	10-21-09				
Porsa, Esmacil	000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

MAR Reporting Period from 0701-10/24 to 0700 -10/25

Admission Date: 09/22/09

UNIT: 07P 03 07P 03
BED: 0002

Page 2 of 2

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Loratadine 10 Mg Tablet 10MG I tablet by mouth once a day for 10 days Porsa, Esmaeil	Y ORAL 000	10-21-09		top		

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

10/23/2005 1:21:49AM

MAR Reporting Period from 0701-10/23 to 0700 -10/24

Scanned by KNIGHT, DIANE A in facility Low Stierret West Tower on 11/18/2009 07:09

Parkland Cent Pharm/Jail Health
Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 23 OCT 2009 07:00 TO 24 OCT 2009 06:59

Page 1 of 2

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Mirtazapine 15 Mg Tablet UD 15MG ORAL 1 tablet by mouth every evening	N	09-30-09				
Ridge, Todd	000					
Citalopram Hbr 40 Mg Tablet UD 40MG ORAL 1 tablet by mouth every morning. Start on 10/6/09	N	09-30-09				
Ridge, Todd	000					
Amlodipine 5 Mg Tablet UD 5MG ORAL 1 tablet by mouth daily	N	10-19-09				
Pavelka, Cathy S	000					
Hydrochlorothiazide 25Mg Tb UD 25MG ORAL 1 tablet by mouth daily	N	10-19-09				
Pavelka, Cathy S	000					
Ibuprofen 600 Mg Tablet UD 600MG ORAL 1 tablet by mouth two times a day for 5 days	Y	10-21-09	10-27-09			
Porsa, Esmacil	000					
Benzonatate 100mg capsules .025-250MG ORAL 1 capsule by mouth two times a day for 5 days	Y	10-21-09	10-27-09			
Porsa, Esmacil	000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

10/23/2006 1:21:49AM

MAR Reporting Period from 0701-10/23 to 0700 -10/24



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Scanned by SMITH, OCTAVIA D in facility Low Sterrett West Tower on 10/24/2009 16:54
Cent Pharm/Jail Health
Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

3p12

ADMINISTRATION PERIOD: 22 OCT 2009 07:00 TO 23 OCT 2009 06:59

Page 2 of 2

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Loratadine 10 Mg Tablet 10MG 1 tablet by mouth once a day for 10 days Porsa, Esmacil	Y ORAL 000	10-21-09		0800 as		

28480

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

10/22/2009 1:17:26AM

MAR Reporting Period from 0701-10/22 to 0700 -10/23



Admission Date: 09/22/09

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 21 OCT 2009 07:00 TO 22 OCT 2009 06:59

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		BN	BNW 2041		Small 2181

MAR Reporting Period from 0701-10/21 to 0700 -10/22

Scanned by DOUGLAS, KARLEINE D in facility Low Stierret West Tower on 11/18/2009 06:10

Parkland Cent Pharm/Jat Health
Admission Date: 09/22/09

Back-in #: 000000073228
PI Name: Ospan, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

Page 1 of 1

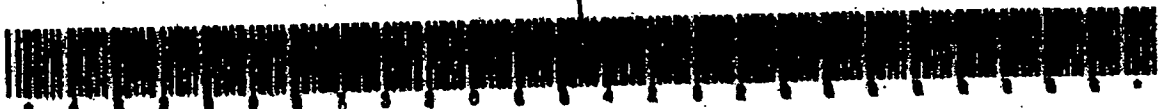
ADMINISTRATION PERIOD: 20 OCT 2009 07:00 TO 21 OCT 2009 06:59

Medication Dose Frequency MD	Route Rem Refill	KOP	START TIME	STOP TIME	DAY 7:00-14:59 0910	EVENING 15:00-22:59	NIGHT 23:00-06:59
Mirtazapine 15 Mg Tablet UD 15MG 1 tablet by mouth every evening	ORAL	N	09-30-09			<i>[Signature]</i>	
Ridge, Todd		000					
Citalopram Hbr 40 Mg Tablet UD 40MG 1 tablet by mouth every morning. Start on 10/6/09	ORAL	N	09-30-09		<i>[Signature]</i>		
Ridge, Todd		000					
Amlodipine 5-Mg Tablet UD 5MG 1 tablet by mouth daily	ORAL	N	10-19-09		<i>[Signature]</i>		
Pavelka, Cathy S		000					
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	10-19-09		<i>[Signature]</i>		
Pavelka, Cathy S		000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
	<i>[Signature]</i>		<i>[Signature]</i>		<i>[Signature]</i>

10/20/2008 1:20:36AM

MAN Reporting Period from 0701-10/20 to 0700-10/21



Scanned by DOUGLAS, KARLELINE D in facility Low Street West Tower on 11/17/2009 06:07

Parkland Cent Pharm/Jail Health

Admission Date: 09/22/09

Book-In # 000000073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 19 OCT 2009 07:00 TO 20 OCT 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59 0920	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09	10-21-09	15		
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09	10-21-09	15		
Mirtazapine 15 Mg Tablet UD 15MG 1 tablet by mouth every evening Ridge, Todd	N ORAL 000	09-30-09			2200	
Citalopram Hbr 40 Mg Tablet UD 40MG 1 tablet by mouth every morning. Start on 10/6/09 Ridge, Todd	N ORAL 000	09-30-09		15		

28100

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

10/19/2006 1:16:03AM

MAR Reporting Period from 0701-10/19 to 0700 -10/20



Admission Date: 09/22/09

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 18 OCT 2009 07:00 TO 19 OCT 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG ORAL 1 tablet by mouth daily Sunde, Jon 000	N	09-22-09	10-21-09	✓		
Hydrochlorothiazide 25Mg Tb UD 25MG ORAL 1 tablet by mouth daily Sunde, Jon 000	N	09-22-09	10-21-09	✓		
Mirtazapine 15 Mg Tablet UD 15MG ORAL 1 tablet by mouth every evening Ridge, Todd 000	N	09-30-09		—	h	
Citalopram Hbr 40 Mg Tablet UD 40MG ORAL 1 tablet by mouth every morning. Start on 10/6/09 Ridge, Todd 000	N	09-30-09		✓		

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
			26091		Smallin 0182

10/18/2006 1:34:53AM

MAR Reporting Period from 0701-10/18 to 0700 -10/19

Scanned by REYES, LUZ E in facility Low Sterrett West Tower on 10/18/2009 21:27 Cent Pharm/Jail Health

Admission Date: 09/22/09

Book-In # 000009073266
 Pt. Name: Green, Gary
 Date of Birth: 03/14/1971 Sex: M
 Allergies: No Known A

UNIT: 07P 03 07P 03
 BED: 0002

ADMINISTRATION PERIOD: 17 OCT 2009 07:00 TO 18 OCT 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09	10-21-09			
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09	10-21-09			
Mirtazapine 15 Mg Tablet UD 15MG 1 tablet by mouth every evening Ridge, Todd	N ORAL 000	09-30-09				
Citalopram Hbr 40 Mg Tablet UD 40MG 1 tablet by mouth every morning. Start on 10/6/09 Ridge, Todd	N ORAL 000	09-30-09				

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

10/17/2006 1:22:15AM

MAR Reporting Period from 0701-10/17 to 0700-10/18



Scanned by RODRIGUEZ, MONICA P in facility Low Sterrett West Tower on 10/22/2009 18:23

Parkland Cent Pharm/Jail Health

Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 16 OCT 2009 07:00 TO 17 OCT 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	Route Rem Refills	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily	ORAL	N	09-22-09	10-21-09	0500 h		
Sunde, Jon	000						
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	09-22-09	10-21-09	h		
Sunde, Jon	000						
Mirtazapine 15 Mg Tablet UD 15MG 1 tablet by mouth every evening	ORAL	N	09-30-09			h	
Ridge, Todd	000						
Citalopram Hbr 40 Mg Tablet UD 40MG 1 tablet by mouth every morning. Start on 10/6/09	ORAL	N	09-30-09		h		
Ridge, Todd	000						

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
	hmalin 02802				hmalin 02802

10/16/2009 1:21:02AM

MAR Reporting Period from 0701-10/16 to 0700 -10/17



Admission Date: 09/22/09

UNIT: 07P 03 07P 03
BED: 0002

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG ORAL 1 tablet by mouth daily	N 000	09-22-09	10-21-09			
Sunde, Jon						
Hydrochlorothiazide 25Mg Tb UD 25MG ORAL 1 tablet by mouth daily	N 000	09-22-09	10-21-09			
Sunde, Jon						
Mirtazapine 15 Mg Tablet UD 15MG ORAL 1 tablet by mouth every evening	N 000	09-30-09				
Ridge, Todd						
Citalopram Hbr 40 Mg Tablet UD 40MG ORAL 1 tablet by mouth every morning. Start on 10/6/09	N 000	09-30-09				
Ridge, Todd						

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
(Signature)	(Signature) JH			(Signature)	(Signature) VHS

MAR Reporting Period from 0701-10/15 to 0700 -10/16

Scanned by DOUGLAS, KARLELINE D in facility Low Sterrett West Tower on 11/14/2009 09:11

Parkland Cent Pharm/Jail Health

Admission Date: 09/22/09

Book-In # 000000073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 14 OCT 2009 07:00 TO 15 OCT 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG ORAL 1 tablet by mouth daily Sunde, Jon 000	N	09-22-09	10-21-09	RE		
Hydrochlorothiazide 25Mg Tb UD 25MG ORAL 1 tablet by mouth daily Sunde, Jon 000	N	09-22-09	10-21-09	RE		
Mirtazapine 15 Mg Tablet UD 15MG ORAL 1 tablet by mouth every evening Ridge, Todd 000	N	09-30-09		/	med	
Citalopram Hbr 40 Mg Tablet UD 40MG ORAL 1 tablet by mouth every morning. Start on 10/6/09 Ridge, Todd 000	N	09-30-09		RE		

28480

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

10/14/2009 1:27:18AM

MAR Reporting Period from 0701-10/14 to 0700 -10/15



Scanned by HILL, SONYA R CCA in facility Low Sterile West Tower on 11/28/2009 12:15
 Parkland Cent Pharm/Jail Health
 Admission Date: 09/22/09

Book-In # 000009073266
 Pt. Name: Green, Gary
 Date of Birth: 03/14/1971 Sex: M
 Allergies: No Known A

UNIT: 07P 03 07P 03
 BED: 0002

Page 1 of 1

ADMINISTRATION PERIOD: 14 OCT 2009 07:00 TO 15 OCT 2009 06:59

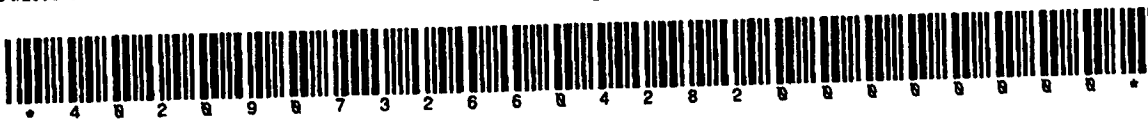
Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily	N ORAL 000	09-22-09	10-21-09	0905 RE		
Sunde, Jon	000					
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	N ORAL 000	09-22-09	10-21-09	RE		
Sunde, Jon	000					
Mirtazapine 15 Mg Tablet UD 15MG 1 tablet by mouth every evening	N ORAL 000	09-30-09		/	mo	
Ridge, Todd	000					
Citalopram Hbr 40 Mg Tablet UD 40MG 1 tablet by mouth every morning. Start on 10/6/09	N ORAL 000	09-30-09		RE		
Ridge, Todd	000					

28480

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

10/14/2009 1:27:18AM

MAR Reporting Period from 0701-10/14 to 0700 -10/15



Scanned by RODRIGUEZ, MONICA P in facility Low Sterrett West Tower on 10/22/2009 14:49

Parkland Cent Pharm/Jail Health
Admission Date: 09/22/09

Book-In # 000009073266
Pt Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 13 OCT 2009 07:00 TO 14 OCT 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09		J		
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09		J		
Mirtazapine 15 Mg Tablet UD 15MG 1 tablet by mouth every evening Ridge, Todd	N ORAL 000	09-30-09			m	
Citalopram Hbr 40 Mg Tablet UD 40MG 1 tablet by mouth every morning. Start on 10/6/09 Ridge, Todd	N ORAL 000	09-30-09		J		

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		B	10041		10041

10/13/2005 12:45:46AM

MAR Reporting Period from 0701-10/13 to 0700 -10/14



Scanned by REYES, LUZE in facility Low Sterrett West Tower on 10/13/2009 20:04

Parkland Cent Pharm/Jail Health

Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 12 OCT 2009 07:00 TO 13 OCT 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09		J	/	
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09		J	/	
Mirtazapine 15 Mg Tablet UD 15MG 1 tablet by mouth every evening Ridge, Todd	N ORAL 000	09-30-09		/	h	
Citalopram Hbr 40 Mg Tablet UD 40MG 1 tablet by mouth every morning. Start on 10/6/09 Ridge, Todd	N ORAL 000	09-30-09		J	/	

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		J	Todd Ridge 10/13/09		h

10/12/2009 1:24:56AM

MAR Reporting Period from 0701-10/12 to 0700 -10/13



Scanned by KNIGHT, DIANE A in facility Low Stereot West Tower on 10/14/2009 10:29
Sent Pharm/Jail Health
Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 11 OCT 2009 07:00 TO 12 OCT 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily	ORAL	N	09-22-09		0750 E		
Sunde, Jon		000					
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	09-22-09		E		
Sunde, Jon		000					
Mirtazapine 15 Mg Tablet UD 15MG 1 tablet by mouth every evening	ORAL	N	09-30-09			mo	
Ridge, Todd		000					
Citalopram Hbr 40 Mg Tablet UD 40MG 1 tablet by mouth every morning. Start on 10/6/09	ORAL	N	09-30-09		E		
Ridge, Todd		000					

28480

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10/11/2009 1:24:32AM

MAK Reporting Period from 0701-10/11 to 0700 -10/12



Scanned by CORTEZ, NORMA in facility Low Street North Tower on 10/25/2009 17:15

Parkland Cent Pharm/Jail Health

Admission Date: 09/22/09

Book-In # 000009073266
Pt Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 10 OCT 2009 07:00 TO 11 OCT 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59 0900	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09		Di		
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09		Di		
Mirtazapine 15 Mg Tablet UD 15MG 1 tablet by mouth every evening Ridge, Todd	N ORAL 000	09-30-09		/	RD	
Citalopram Hbr 40 Mg Tablet UD 40MG 1 tablet by mouth every morning. Start on 10/6/09 Ridge, Todd	N ORAL 000	09-30-09		Di		

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

10/10/2006 1:09:20AM

MAR Reporting Period from 0701-10/10 to 0700 -10/11



* 4 8 2 8 9 8 7 3 2 6 6 8 4 2 8 2 8 8 8 8 8 8 8 8 *

Scanned by SMITH, OCTAVIA D in facility Low Sterrett West Tower on 10/10/2009 11:20

Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 08 OCT 2009 07:00 TO 09 OCT 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	Route Rem Refills	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily Sunde, Jon	ORAL 000	N	09-22-09		1005 R		
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	ORAL 000	N	09-22-09		R		
Mirtazapine 15 Mg Tablet UD 15MG 1 tablet by mouth every evening Ridge, Todd	ORAL 000	N	09-30-09		/	2300 m	
Citalopram Hbr 40 Mg Tablet UD 40MG 1 tablet by mouth every morning. Start on 10/6/09 Ridge, Todd	ORAL 000	N	09-30-09		R		

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			Shallin 218		20400

10/8/2009_ 1:27:07AM

MAR Reporting Period from 0701-10/08 to 0700 -10/09



Scanned by REYES, LUZ E in facility Low Sterile West Tower on 10/08/2009 19:38 Cent Pharm/Jail Health
Admission Date: 09/22/09

Book-In # 000009073266
Pl. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 07 OCT 2009 07:00 TO 08 OCT 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09		J		
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09		J		
Mirtazapine 15 Mg Tablet UD 15MG 1 tablet by mouth every evening Ridge, Todd	N ORAL 000	09-30-09			2100 h	
Citalopram Hbr 40 Mg Tablet UD 40MG 1 tablet by mouth every morning. Start on 10/6/09 Ridge, Todd	N ORAL 000	09-30-09		J		

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		J	266/26044		Arallia 0210

10/7/2009 1:13:32AM

MAR Reporting Period from 0701-10/07 to 0700 -10/08



Scanned by SMITH, OCTAVIA D in facility Low Street West Tower on 10/19/2009 11:31

Parkland Cent Pharm/Jail Health

Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 06 OCT 2009 07:00 TO 07 OCT 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	Route Rem Refills	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily	ORAL	N	09-22-09		0910		
Sunde, Jon	000				JS		
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	09-22-09				
Sunde, Jon	000				JS		
Mirtazapine 15 Mg Tablet UD 15MG 1 tablet by mouth every evening	ORAL	N	09-30-09				
Ridge, Todd	000				/	MP	
Citalopram Hbr 40 Mg Tablet UD 40MG 1 tablet by mouth every morning. Start on 10/6/09	ORAL	N	09-30-09				
Ridge, Todd	000				JS		

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

10/6/2009 1:12:12AM

MAR Reporting Period from 0701-10/06 to 0700 -10/07



Admission Date: 09/22/09

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 05 OCT 2009 07:00 TO 06 OCT 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59 0905	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily	ORAL	N 000	09-22-09		JS		
Sunde, Jon							
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N 000	09-22-09		JS		
Sunde, Jon							
Mirtazapine 15 Mg Tablet UD 15MG 1 tablet by mouth every evening	ORAL	N 000	09-30-09		/	mm	
Ridge, Todd							
Citalopram Hbr 20 Mg Tablet UD 20MG 1 tablet by mouth every morning for 5 days	ORAL	N 000	09-30-09	10-05-09	JS		
ORDER EXPIRES AFTER TODAY Ridge, Todd							
Citalopram Hbr 40 Mg Tablet UD 40MG 1 tablet by mouth every morning. Start on 10/6/09	ORAL	N 000	09-30-09		/		
Ridge, Todd							

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

10/5/2009_ 1:17:24AM

MAR Reporting Period from 0701-10/05 to 0700 -10/06



Scanned by KNIGHT, DIANE A in facility Low Street West Tower on 10/20/2009 06:41

Parkland Cent Pharm/Jail Health
Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

Page 1 of 1

ADMINISTRATION PERIOD: 04 OCT 2009 07:00 TO 05 OCT 2009 06:59

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09		8		
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09		8		
Mirtazapine 15 Mg Tablet UD 15MG 1 tablet by mouth every evening Ridge, Todd	N ORAL 000	09-30-09			4m	
Citalopram Hbr 20 Mg Tablet UD 20MG 1 tablet by mouth every morning for 5 days Ridge, Todd	N ORAL 000	09-30-09	10-05-09	8		
Citalopram Hbr 40 Mg Tablet UD 40MG 1 tablet by mouth every morning. Start on 10/6/09 Ridge, Todd	N ORAL 000	09-30-09				

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

10/4/2009 1:21:01AM

MAR Reporting Period from 0701-10/04 to 0700 -10/05



Scanned by SMITH, OCTAVIA D in facility Kays Tower on 10/06/2009 11:21

Parkland Cent Pharm/Jail Health
Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 03 OCT 2009 07:00 TO 04 OCT 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09		J		
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09		J		
Mirtazapine 15 Mg Tablet UD 15MG 1 tablet by mouth every evening Ridge, Todd	N ORAL 000	09-30-09			2100 h	
Citalopram Hbr 20 Mg Tablet UD 20MG 1 tablet by mouth every morning for 5 days Ridge, Todd	N ORAL 000	09-30-09	10-05-09	J		
Citalopram Hbr 40 Mg Tablet UD 40MG 1 tablet by mouth every morning. Start on 10/6/09 Ridge, Todd	N ORAL 000	09-30-09				

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10/3/2009_ 1:11:18AM

MAR Reporting Period from 0701-10/03 to 0700 -10/04



Scanned by RODRIGUEZ, MONICA P in facility Low Sterett West Tower on 10/06/2009 15:09 Pharm/Jail Health
Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A.

UNIT: 07P 03 07P 03
BED: 0002

ADMINISTRATION PERIOD: 02 OCT 2009 07:00 TO 03 OCT 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09		✓		
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09		✓		
Mirtazapine 15 Mg Tablet UD 15MG 1 tablet by mouth every evening Ridge, Todd	N ORAL 000	09-30-09			Pro	
Citalopram Hbr 20 Mg Tablet UD 20MG 1 tablet by mouth every morning for 5 days Ridge, Todd	N ORAL 000	09-30-09	10-05-09	✓		
Citalopram Hbr 40 Mg Tablet UD 40MG 1 tablet by mouth every morning. Start on 10/6/09 Ridge, Todd	N ORAL 000	09-30-09				

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RS	[Signature]	[Signature]	26048		

10/2/2009_ 1:08:42AM

MAR Reporting Period from 0701-10/02 to 0700 -10/03



Scanned by THOMPSON, ANGELA in facility Low Sterile West Tower on 10/23/2009 16:40

Parkland Cent Pharm/Jail Health
Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 03P 12 03P 12
BED: 0004

Page 1 of 1

ADMINISTRATION PERIOD: 01 OCT 2009 07:00 TO 02 OCT 2009 06:59

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09		NO Shw		
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09				
Mirtazapine 15 Mg Tablet UD 15MG 1 tablet by mouth every evening Ridge, Todd	N ORAL 000	09-30-09			MS	
Citalopram Hbr 20 Mg Tablet UD 20MG 1 tablet by mouth every morning for 5 days Ridge, Todd	N ORAL 000	09-30-09	10-05-09			
Citalopram Hbr 40 Mg Tablet UD 40MG 1 tablet by mouth every morning. Start on 10/6/09 Ridge, Todd	N ORAL 000	09-30-09		4		

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
2	[Signature]	[Signature]	[Signature]		

10/1/2009 1:18:03AM

MAR Reporting Period from 0701-10/01 to 0700 -10/02



Scanned by THOMPSON, ANGELA in facility Low Street West Tower on 10/19/2009 17:56

Parkland Cent Pharm/Jail Health
Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 03P 12 03P 12
BED: 0004

6

ADMINISTRATION PERIOD: 30 SEP 2009 07:00 TO 01 OCT 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09	/	NOT in Tank		
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09	/	↓		
Mirtazapine 15 Mg Tablet UD 15MG 1/2 tablet (7.5 mg) by mouth every evening for 15 days Ridge, Todd	N ORAL 000	09-24-09	/	/	ap	

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
for	John Green	000	[Signature]		

9/30/2009 1:09:37AM

MAR Reporting Period from 0701-09/30 to 0700 -10/01



Scanned by THOMPSON, ANGELA in facility Low Street West Tower on 10/20/2009 18:11

Parkland Cent Pharm/Jail Health

Admission Date: 09/22/09

Book-In # 000009073266
Pl. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 03P 12 03P 12
BED: 0004

6

ADMINISTRATION PERIOD: 29 SEP 2009 07:00 TO 30 SEP 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09	✓	0500 AZ	✓	✓
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09	✓	AZ	✓	✓
Mirtazapine 15 Mg Tablet UD 15MG 1/2 tablet (7.5 mg) by mouth every evening for 15 days Ridge, Todd	N ORAL 000	09-24-09	✓	✓	changed	✓

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
AZ	Ahae 29325	DR	DRN 20941		

9/29/2009 1:07:57AM

MAR Reporting Period from 0701-09/29 to 0700 -09/30



Scanned by REYES, LUZE in facility Low Sterrett West Tower on 09/29/2009 19:49

Parkland Cent Pharm/Jail Health
Admission Date: 09/22/09

6

Book-In # 000009073266
Pl. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 03P 12 03P 12
BED: 0004

ADMINISTRATION PERIOD: 28 SEP 2009 07:00 TO 29 SEP 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09				
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09				
Mirtazapine 15 Mg Tablet UD 15MG 1/2 tablet (7.5 mg) by mouth every evening for 15 days Ridge, Todd	N ORAL 000	09-24-09			0051 Rf.	

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9/28/2009... 1:19:44AM

MAR Reporting Period from 0701-09/28 to 0700 -09/29



Scanned by HILL, SONYA R CCA in facility Low Sterrett West Tower on 10/01/2009 17:03

Parkland Cent Pharm/Jail Health

Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 03P 12 03P 12
BED: 0004

6

Page 1 of 1

ADMINISTRATION PERIOD: 27 SEP 2009 07:00 TO 28 SEP 2009 06:59

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09	/	2		
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09	/	2		
Mirtazapine 15 Mg Tablet UD 15MG 1/2 tablet (7.5 mg) by mouth every evening for 15 days Ridge, Todd	N ORAL 000	09-24-09	/	/	ap	

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R Parker	R Parker				

9/27/2009 1:15:45AM

MAR Reporting Period from 0701-09/27 to 0700 -09/28



Scanned by HILL, SONYA R CCA in facility Low Sterrett West Tower on 10/01/2009 16:07 Pharm/Jail Health

Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 03P 12 03P 12
BED: 0004

ADMINISTRATION PERIOD: 26 SEP 2009 07:00 TO 27 SEP 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily	ORAL	N	09-22-09				
Sunde, Jon		000					
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	09-22-09				
Sunde, Jon		000					
Mirtazapine 15 Mg Tablet UD 15MG 1/2 tablet (7.5 mg) by mouth every evening for 15 days	ORAL	N	09-24-09				
Ridge, Todd		000					

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9/26/2009 1:34:25AM

MAR Reporting Period from 0701-09/26 to 0700 -09/27



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Page 1 of 1

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MAR Reporting Period from 0701-09/25 to 0700 -09/26



6

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG ORAL 1 tablet by mouth daily Sunde, Jon	N 000	09-22-09				
Hydrochlorothiazide 25Mg Tb UD 25MG ORAL 1 tablet by mouth daily Sunde, Jon	N 000	09-22-09				

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MAR Reporting Period from 0701-09/24 to 0700 -09/25

Scanned by SMITH, OCTAVIA D in facility Low Sterrett West Tower on 09/26/2009 17:53
Caddell Cent Pharm/Jail Health
Admission Date: 09/22/09

Book-In # 000009073266
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies: No Known A

UNIT: 03P 12 03P 12
BED: 0004

ADMINISTRATION PERIOD: 23 SEP 2009 07:00 TO 24 SEP 2009 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09		mu		
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	09-22-09				

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

9/23/2009_ 1:08:34AM

MAR Reporting Period from 0701-09/23 to 0700 -09/24



* 4 8 2 8 9 8 7 3 2 6 6 8 4 2 8 2 8 8 8 8 8 8 8 *

Scanned by SMITH, OCTAVIA D in facility Low Sterrett West Tower on 09/26/2008 19:07
 Backland Cent Pharm/Jail Health
 Admission Date: 08/12/08

Book-In # 000008062551
 Pt. Name: Green, Gary
 Date of Birth: 03/14/1971 Sex: M
 Allergies:

UNIT: 5W06 5W06
 BED: 0056

ADMINISTRATION PERIOD: 25 SEP 2008 07:00 TO 26 SEP 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Scheduled Medications							
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	08-13-08		0820 H		
Sunde, Jon		000					
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day	ORAL	N	08-21-08		0820 H	2009 EZ	
Safeek, Abraham		000					
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily	ORAL	N	08-21-08		0820 H		
Safeek, Abraham		000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		FK	EE Borosen	4	Mustin Hyden

9/25/2008 1:01:16AM

MAR Reporting Period from 0701-09/25 to 0700 -09/26



Scanned by BOZOR, EUGENIA CRN in facility Low Sterrett North Tower on 09/25/2008 23:45 Pharm/Jail Health
Admission Date: 08/12/08

Book-In # 000008062551
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 5W06 5W06
BED: 0056

ADMINISTRATION PERIOD: 25 SEP 2008 07:00 TO 26 SEP 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route Rem Refills	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	08-13-08		0820 H		
Sunde, Jon	000						
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day	ORAL	N	08-21-08		0820 H	2009 EB	
Safeck, Abraham	000						
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily	ORAL	N	08-21-08		0820 H		
Safeck, Abraham	000						

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		EB	EEBoreen	94	Musky Hyden

9/25/2008 1:01:16AM

MAR Reporting Period from 0701-09/25 to 0700 -09/26



Scanned by SMITH, OCTAVIA D in facility Low Sterrett West Tower on 09/28/2008 16:59
Portland Cent Pharm/Jail Health
Admission Date: 08/12/08

Book-In # 000008062551
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 5W06 5W06
BED: 0056

ADMINISTRATION PERIOD: 25 SEP 2008 07:00 TO 26 SEP 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Scheduled Medications						
Hydrochlorothiazide 25Mg Tb UD 25MG ORAL 1 tablet by mouth daily Sunde, Jon	N 000	08-13-08		0820 H		
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG ORAL 1 tablet by mouth twice a day Safeek, Abraham	N 000	08-21-08		0820 H	2009 EB	
Amlodipine 10 Mg Tablet UD 10MG ORAL 1 tablet by mouth daily Safeek, Abraham	N 000	08-21-08		0820 H		

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		BS	EE 2008-09-25	SH	Muslim Waleed

9/25/2008 1:01:16AM

MAR Reporting Period from 0701-09/25 to 0700 -09/26



Scanned by BOZOR, EUGENIA CRN in facility Low Sterrett North Tower on 08/24/2008 23:28
Bedford Court Pharm/Jail Health
Admission Date: 08/12/08

Book-In # 000008062551
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 5W06 5W06
BED: 0056

ADMINISTRATION PERIOD: 24 SEP 2008 07:00 TO 25 SEP 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	08-13-08		0815 H		
Sunde, Jon		000					
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day	ORAL	N	08-21-08		0815 M	2000 E	
Safeck, Abraham		000					
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily	ORAL	N	08-21-08		0815 H		
Safeck, Abraham		000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		EB	EB Bozor CRN	SH	Sharon Hayden

9/24/2008 12:58:54AM

MAR Reporting Period from 0701-09/24 to 0700 -09/25



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Scanned by MCBRIDE, NICOLE L LVN in facility Low Sterrett North Tower on 09/28/2008 12:23

Cent Pharm/Jail Health
Admission Date: 08/12/08

Book-In # 000008062551
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 5W06 5W06
BED: 0056

ADMINISTRATION PERIOD: 24 SEP 2008 07:00 TO 25 SEP 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N 000	08-13-08		0815 H		
Sunde, Jon		000					
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day	ORAL	N 000	08-21-08		0815 M	2000 EZ	
Safeek, Abraham		000					
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily	ORAL	N 000	08-21-08		0815 H		
Safeek, Abraham		000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		EB	EB 0206 RH	SH	Sharon Hyndman

9/24/2008 12:58:54AM

MAR Reporting Period from 0701-09/24 to 0700 -09/25



Scanned by PATIL HIMANSHU E LVN in facility Low Sterrett North Tower on 09/23/2008 21:39 Pharm/Jail Health
Admission Date: 08/12/08

Book-In # 000008062551
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 5W06 5W06
BED: 0056

ADMINISTRATION PERIOD: 23 SEP 2008 07:00 TO 24 SEP 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Scheduled Medications						
Hydrochlorothiazide 25Mg Tb UD 25MG ORAL 1 tablet by mouth daily Sunde, Jon	N 000	08-13-08		<i>W</i>	/	/
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG ORAL 1 tablet by mouth twice a day Safeek, Abraham	N 000	08-21-08		<i>W</i>	HP 2/30	/
Amlodipine 10 Mg Tablet UD 10MG ORAL 1 tablet by mouth daily Safeek, Abraham	N 000	08-21-08		<i>W</i>	/	/

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		<i>CD</i>	<i>CD 24152</i>	<i>HP</i>	<i>HP 24152</i>

9/23/2008_ 1:01:27AM

MAR Reporting Period from 0701-09/23 to 0700 -09/24



Scanned by YI, SUNG H RN in facility Low Sterile North Tower on 09/22/2008 23:40
 Cent Pharm/Jail Health
 Admission Date: 08/12/08

Book-In # 000008062551
 Pt. Name: Green, Gary
 Date of Birth: 03/14/1971 Sex: M
 Allergies:

UNIT: 5W06 5W06
 BED: 0056

ADMINISTRATION PERIOD: 22 SEP 2008 07:00 TO 23 SEP 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Scheduled Medications						
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	08-13-08		W	/	/
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day Safeek, Abraham	N ORAL 000	08-21-08		W	HP 2140	/
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily Safeek, Abraham	N ORAL 000	08-21-08		M	/	/
Ibuprofen 600 Mg Tablet UD 600MG 1 tablet by mouth twice a day for 14 days ORDER EXPIRES AFTER TODAY Urey, Dianne	N ORAL 000	09-09-08	09-22-08	W	HP 2140	/

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
HP	HP 2226	CD	CD 201132		

9/22/2008 1:01:40AM

MAR Reporting Period from 0701-09/22 to 0700 -09/23



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Scanned by WALKER, BEATRICE PCA in facility Low Sterrett North Tower on 09/25/2008 00:41

Admission Date: 08/12/08

Book-In # 000008062551
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 5W06 5W06
BED: 0056

ADMINISTRATION PERIOD: 21 SEP 2008 07:00 TO 22 SEP 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Scheduled Medications							
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N 000	08-13-08		0830 H	/	
Sunde, Jon		000					
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day	ORAL	N 000	08-21-08		0830 H	2	
Safeek, Abraham		000					
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily	ORAL	N 000	08-21-08		0930 H	/	
Safeek, Abraham		000					
Ibuprofen 600 Mg Tablet UD 600MG 1 tablet by mouth twice a day for 14 days	ORAL	N 000	09-09-08	09-22-08	0830 H	2066 EB	
Urey, Dianne		000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		EB	EB	SH	Dianne Urey

9/21/2008 3:08:35AM

MAR Reporting Period from 0701-09/21 to 0700 -09/22



Scanned by BOZOR, EUGENIA CRN in facility Low Sterile North Tower on 09/20/2008 22:03
Pharm/Jail Health
Admission Date: 08/12/08

Book-In # 000008062551
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 5W06 5W06
BED: 0056

ADMINISTRATION PERIOD: 20 SEP 2008 07:00 TO 21 SEP 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	08-13-08		<i>Dr</i>		
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day Safeek, Abraham	N ORAL 000	08-21-08		<i>Dr</i>	<i>2030</i> <i>EB</i>	
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily Safeek, Abraham	N ORAL 000	08-21-08		<i>Dr</i>		
Ibuprofen 600 Mg Tablet UD 600MG 1 tablet by mouth twice a day for 14 days Urey, Dianne	N ORAL 000	09-09-08	09-22-08	<i>Dr</i>	<i>2030</i> <i>EB</i>	

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
<i>DM</i>	<i>D. Mather</i>			<i>EB</i>	<i>EB Bozor RA</i>

9/20/2008 1:00:25AM

6590

MAR Reporting Period from 0701-09/20 to 0700 -09/21



UNIT: 5W06 5W06
BED: 0056

ADMINISTRATION PERIOD: 19 SEP 2008 07:00 TO 20 SEP 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N 000	08-13-08		Dr		
Sunde, Jon							
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day	ORAL	N 000	08-21-08		Dr	2035 Dr	
Safeek, Abraham							
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily	ORAL	N 000	08-21-08		Dr		
Safeek, Abraham							
Ibuprofen 600 Mg Tablet UD 600MG 1 tablet by mouth twice a day for 14 days	ORAL	N 000	09-09-08	09-22-08	Dr	2035 Dr	
Urey, Dianne							

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
DM	DM [Signature]			ES	ES [Signature]

9/19/2008_12:59:59AM

6590

MAR Reporting Period from 0701-09/19 to 0700 -09/20

Scanned by PATIL, HIMANSHU E LVN in facility Low Street North Tower on 09/18/2008 23:31

Admission Date: 08/12/08

Book-In # 000008062551
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 5W06 5W06
BED: 0056

Page 1 of 1

ADMINISTRATION PERIOD: 18 SEP 2008 07:00 TO 19 SEP 2008 06:59

Medication Dose Frequency MD	Route	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Scheduled Medications							
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	08-13-08		0915 W	/	/
Sunde, Jon		000					
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day	ORAL	N	08-21-08		0915 W	NO SHOW	/
Safeek, Abraham		000					
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily	ORAL	N	08-21-08		0915 W	/	/
Safeek, Abraham		000					
Ibuprofen 600 Mg Tablet UD 600MG 1 tablet by mouth twice a day for 14 days	ORAL	N	09-09-08	09-22-08	0915 W	NO SHOW	/
Urey, Dianne		000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		UD	caribeg 2/132	JP	Y. J. LUN

9/18/2008 12:58:35AM

MAR Reporting Period from 0701-09/18 to 0700 -09/19



UNIT: 5W06 5W06
BED: 0056

ADMINISTRATION PERIOD: 17 SEP 2008 07:00 TO 18 SEP 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Scheduled Medications							
Hydrochlorothiazide 25Mg Tb UD 25MG ORAL 1 tablet by mouth daily		N	08-13-08		0850 u	/	/
Sunde, Jon		000					
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG ORAL 1 tablet by mouth twice a day		N	08-21-08		0850 u	HP 2235	/
Safeek, Abraham		000					
Amlodipine 10 Mg Tablet UD 10MG ORAL 1 tablet by mouth daily		N	08-21-08		0850 u	/	/
Safeek, Abraham		000					
Ibuprofen 600 Mg Tablet UD 600MG ORAL 1 tablet by mouth twice a day for 14 days		N	09-09-08	09-22-08	0850 u	HP 2235	/
Urey, Dianne		000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		CS	CS/104132 HP	HP	HP/2256

9/17/2008_12:59:53AM

MAR Reporting Period from 0701-09/17 to 0700 -09/18

Scanned by PATIL, HIMANSHU E LVN in facility Low Street North Tower on 09/19/2008 02:23

Parkland Cent Pharm/Jail Health

Admission Date: 08/12/08

Book-In # 000008062551
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 5W06 5W06
BED: 0056

Page 1 of 1

ADMINISTRATION PERIOD: 16 SEP 2008 07:00 TO 17 SEP 2008 06:59

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Scheduled Medications						
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	08-13-08		Dr		
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day Safeek, Abraham	N ORAL 000	08-21-08		Dr	1912 EB	
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily Safeek, Abraham	N ORAL 000	08-21-08		Dr		
Ibuprofen 600 Mg Tablet UD 600MG 1 tablet by mouth twice a day for 14 days Urey, Dianne	N ORAL 000	09-09-08	09-22-08	Dr	1912 EB	

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
Dr. Mathew R				EB	EB 2012 RN

9/16/2008-12:58:14AM

6590

MAR Reporting Period from 0701-09/16 to 0700 -09/17



Page 1 of 1

Medication		KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Dose	Route						
Frequency		Rem Refills					
MD							
Scheduled Medication							
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	08-13-08		0800 P	/	/
Sunde, Jon		000					
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day	ORAL	N	08-21-08		0800 D	1956 EB	/
Safeek, Abraham		000					
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily	ORAL	N	08-21-08		0800 D	/	/
Safeek, Abraham		000					
Ibuprofen 600 Mg Tablet UD 600MG 1 tablet by mouth twice a day for 14 days	ORAL	N	09-09-08	09-22-08	0800 P	1956 EB	/
Urey, Dianne		000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID# 2187
Mr. Mathew				EB	EB 20205 R11

MAR Reporting Period from 0701-09/15 to 0700 -09/16

Scanned by YI, SUNG H RN in facility Low Street North Tower on 09/23/2008 01:42
Cent Pharm/Jail Health
Admission Date: 08/12/08

Book-In # 000008062551
Pt. Name: **Green, Gary**
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 5W06 5W06
BED: 0056

ADMINISTRATION PERIOD: 14 SEP 2008 07:00 TO 15 SEP 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Scheduled Medications							
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	08-13-08		0830 W	/	/
Sunde, Jon		000					
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day	ORAL	N	08-21-08		0830 W	HP 2140	/
Safeek, Abraham		000					
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily	ORAL	N	08-21-08		0830 W	/	/
Safeek, Abraham		000					
Ibuprofen 600 Mg Tablet UD 600MG 1 tablet by mouth twice a day for 14 days	ORAL	N	09-09-08		0830 W	HP 2140	/
Urey, Dianne		000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		CO	CHERRY 24102	HP	HP 24131

9/14/2008 1:57:11AM

MAR Reporting Period from 0701-09/14 to 0700 -09/15



UNIT: 5W06 5W06
BED: 0056

ADMINISTRATION PERIOD: 14 SEP 2008 07:00 TO 15 SEP 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Schedule Medications							
Hydrochlorothiazide 25Mg Tb UD 25MG ORAL 1 tablet by mouth daily		N 000	08-13-08		0830 W	/	/
Sunde, Jon		000					
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG ORAL 1 tablet by mouth twice a day		N 000	08-21-08		0830 W	HP 2140	/
Safeek, Abraham		000					
Amlodipine 10 Mg Tablet UD 10MG ORAL 1 tablet by mouth daily		N 000	08-21-08		0830 W	/	/
Safeek, Abraham		000					
Ibuprofen 600 Mg Tablet UD 600MG ORAL 1 tablet by mouth twice a day for 14 days		N 000	09-09-08		0830 W	HP 2140	/
Urey, Dianne		000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		ad	ad [signature] 2442	tdp	tdp [signature] 2443

9/14/2008_ 1:57:11AM

MAR Reporting Period from 0701-09/14 to 0700 -09/15

Scanned by Y1, SUNG H RN in facility Low Sterrett North Tower on 09/23/2008 00:49 Cent Pharm/Jail Health
Admission Date: 08/12/08

Book-In # 000008062551
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 5W06 5W06
BED: 0056

ADMINISTRATION PERIOD: 13 SEP 2008 07:00 TO 14 SEP 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Scheduled Medications							
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N 000	08-13-08		0800 K	/	/
Sunde, Jon							
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day	ORAL	N 000	08-21-08		0800 W	HP 2150	/
Safeek, Abraham							
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily	ORAL	N 000	08-21-08		0800 W	/	/
Safeek, Abraham							
Ibuprofen 600 Mg Tablet UD 600MG 1 tablet by mouth twice a day for 14 days	ORAL	N 000	09-09-08		0800 W	HP 2150	/
Urey, Dianne							

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		CD	(signature) 2452	HP	(signature) 2452

9/13/2008 1:52:08AM

MAR Reporting Period from 0701-09/13 to 0700 -09/14



Scanned by YI, SUNG H RN in facility Low Sterrett North Tower on 09/23/2008 05:16 Cent Pharm/Jail Health
 Admission Date: 08/12/08

Book-In # 000008062551
 Pt. Name: Green, Gary
 Date of Birth: 03/14/1971 Sex: M
 Allergies:

UNIT: 5W06 5W06
 BED: 0056

ADMINISTRATION PERIOD: 12 SEP 2008 07:00 TO 13 SEP 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Scheduled Medications							
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	08-13-08		0802 K	/	/
Sunde, Jon		000					
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day	ORAL	N	08-21-08		0802 W	HP 2145	/
Safeek, Abraham		000					
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily	ORAL	N	08-21-08		0802 W	/	/
Safeek, Abraham		000					
Ibuprofen 600 Mg Tablet UD 600MG 1 tablet by mouth twice a day for 14 days	ORAL	N	09-09-08		0802 W	HP 2145	/
Urey, Dianne		000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		CD	CD 2432	HP	HP 2432

9/12/2008 12:59:45AM

MAR Reporting Period from 0701-09/12 to 0700 -09/13



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Scanned by BOZOR, EUGENIA C.RN in facility Low Sterrett North Tower on 09/11/2008 22:53
Admission Date: 08/12/08

Book-In # 000008062551
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 5W06 5W06
BED: 0056

Page 1 of 1

ADMINISTRATION PERIOD: 11 SEP 2008 07:00 TO 12 SEP 2008 06:59

Medication Dose Frequency MD	Route	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	08-13-08		08r 12r		
Sunde, Jon		000					
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day	ORAL	N	08-21-08		08m 2r	2005 EB	
Safeek, Abraham		000					
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily	ORAL	N	08-21-08		08m 2r		
Safeek, Abraham		000					
Ibuprofen 600 Mg Tablet UD 600MG 1 tablet by mouth twice a day for 14 days	ORAL	N	09-09-08		08m 2r	2005 EB	
Urey, Dianne		000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID# 2181
DM	DM			FB	FB

9/11/2008 12:59:24AM

6590

MAR Reporting Period from 0701-09/11 to 0700 -09/12



Scanned by BOZOR, EUGENIA CRN in facility Low Sterrett North Tower on 09/10/2008 21:29

Admission Date: 08/12/08

Book-In # 000008062551
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 5W06 5W06
BED: 0056

Page 1 of 1

ADMINISTRATION PERIOD: 10 SEP 2008 07:00 TO 11 SEP 2008 06:59

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	08-13-08		08/13/08 PH		
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day Safeek, Abraham	N ORAL 000	08-21-08		08/21/08 PH	2000 PH	
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily Safeek, Abraham	N ORAL 000	08-21-08		08/21/08 PH		
Ibuprofen 600 Mg Tablet UD 600MG 1 tablet by mouth twice a day for 14 days Urey, Dianne	N ORAL 000	09-09-08		09/09/08 PH	2000 PH	

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
DM	D. Matthews			EB	TEBOLAS RN

9/10/2008 1:00:01AM

6590.

MAR Reporting Period from 0701-09/10 to 0700 -09/11



Scanned by YI, SUNG H RN in facility Low Sterile North Tower on 09/09/2008 21:13 Cent Pharm/Jail Health
Admission Date: 08/12/08

Book-In # 000008062551
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 5W06 5W06
BED: 0056

ADMINISTRATION PERIOD: 09 SEP 2008 07:00 TO 10 SEP 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route Rem Refills	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Scheduled Medications							
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	ORAL 000	N	08-13-08		<i>0800 W</i>	/	/
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day Safeek, Abraham	ORAL 000	N	08-21-08		<i>0800 W</i>	<i>HP 2135</i>	/
Amiodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily Safeek, Abraham	ORAL 000	N	08-21-08		<i>0800 W</i>	/	/

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
<i>HP</i>	<i>W. J. Sunde</i>	<i>W</i>	<i>W. J. Safeek</i>		

9/9/2008 - 12:59:28AM

MAR Reporting Period from 0701-09/09 to 0700 -09/10

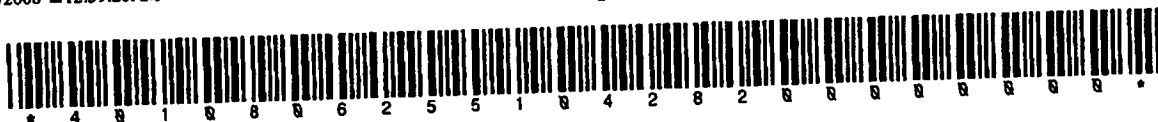


Scanned by PATIL, HIMANSHU E LVN in facility Lew Sterrett North Tower on 09/08/2008 22:21 Harm/Jail Health

UNIT: 5W06 5W06
BED: 0056

ADMINISTRATION PERIOD: 08 SEP 2008 07:00 TO 09 SEP 2008 06:59

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
HP	[Signature] 2431	CS	[Signature] 24134		

MAR Reporting Period from 0701-09/08 to 0700 -09/09

Scanned by BRUNO, KRISTY L LVN in facility Low Sterrett North Tower on 09/07/2008 21:52 at Pharm/Jail Health
Admission Date: 08/12/08

Book-In # 000008062551
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 5W06 5W06
BED: 0066

ADMINISTRATION PERIOD: 07 SEP 2008 07:00 TO 08 SEP 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	08-13-08		0800 D	/	/
Sunde, Jon		000					
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day	ORAL	N	08-21-08		0800 D	2015 B	/
Safeek, Abraham		000					
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily	ORAL	N	08-21-08		0800 D	/	/
Safeek, Abraham		000					
Ibuprofen 400 Mg Tablet UD 400MG 1 tablet by mouth three times a day for 5 days	ORAL	Y	09-02-08	09-07-08			
ORDER EXPIRES AFTER TODAY Porsa, Esmacil		000			KOP		

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
DM	DM Andrew R 6590			EB	EB 20202020

9/7/2008 - 3:07:11AM

MAR Reporting Period from 0701-09/07 to 0700 -09/08



* 4 8 1 8 8 8 2 5 5 1 8 4 2 8 2 8 8 8 8 8 8 8 *

Scanned by BRUNO, KRISTY L LVN in facility Low Sterile North Tower on 09/06/2008 22:25
Admission Date: 08/12/08

Book-In # 000006062551
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 5W06 5W06
BED: 0056

Page 1 of 1

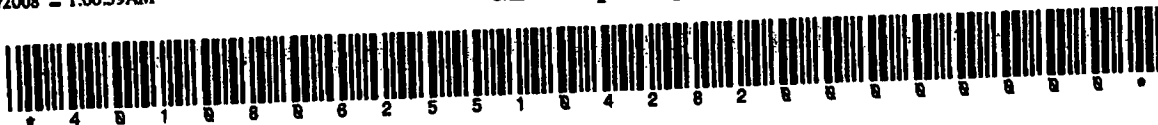
ADMINISTRATION PERIOD: 06 SEP 2008 07:00 TO 07 SEP 2008 06:59

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Hydrochlorothiazide 25Mg Tb UD 25MG ORAL 1 tablet by mouth daily Sunde, Jon	N 000	08-13-08		08 ⁰⁰ Dr		
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG ORAL 1 tablet by mouth twice a day Safeek, Abraham	N 000	08-21-08		08 ⁰⁰ TV	2001 EB	
Amlodipine 10 Mg Tablet UD 10MG ORAL 1 tablet by mouth daily Safeek, Abraham	N 000	08-21-08		08 ⁰⁰ R		
Ibuprofen 400 Mg Tablet UD 400MG ORAL 1 tablet by mouth three times a day for 5 days Porsa, Esmacil	Y 000	09-02-08	09-07-08	08 ⁰⁰ KOP	2001 EB	

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID# 2131
Dr. D. A. Green	06590			EB	EB Porsa

9/6/2008 - 1:00:59AM

MAR Reporting Period from 0701-09/06 to 0700 -09/07



Scanned by BOZOR, EUGENIA CRN in facility Low Sterrett North Tower on 09/05/2008 00:49
Inmate Pharm/Jail Health
Admission Date: 08/12/08

Book-In # 000008062551
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 5W06 5W06
BED: 0056

ADMINISTRATION PERIOD: 05 SEP 2008 07:00 TO 06 SEP 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N 000	08-13-08	/	08/13/08	/	/
Sunde, Jon							
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day	ORAL	N 000	08-21-08	/	08/21/08	2030	/
Safeek, Abraham							
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily	ORAL	N 000	08-21-08	/	08/21/08	/	/
Safeek, Abraham							
Ibuprofen 400 Mg Tablet UD 400MG 1 tablet by mouth three times a day for 5 days	ORAL	Y 000	09-02-08	09-07-08		KOP	
Porsa, Esmacil							

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
DM	DM A. Thew Rn.			EB	EB Bozor RN

9/5/2008 - 12:59:06AM

MAR Reporting Period from 0701-09/05 to 0700 -09/06



• 4 0 1 0 8 0 6 2 5 5 1 0 4 2 8 2 0 • 0 0 0 0 0 0 0 •

UNIT: 5W08 5W08
BED: 0058

Page 1 of 1

Medication Dose Frequency MD	Route	KOP Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	08-13-08		<i>0800</i> <i>n</i>	/	/
Sunde, Jon		000					
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day	ORAL	N	08-21-08		<i>0800</i> <i>n</i>	<i>2000</i> <i>Kelb</i>	/
Safeek, Abraham		000					
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily	ORAL	N	08-21-08		<i>0800</i> <i>n</i>	/	/
Safeek, Abraham		000					
Ibuprofen 400 Mg Tablet UD 400MG 1 tablet by mouth three times a day for 5 days	ORAL	Y	09-02-08	09-07-08			
Porsa, Esmacil		000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		GD	GD 24132	WU	WU 1784

MAR Reporting Period from 0701-09/03 to 0700 -09/04

Scanned by BRUNO, KRISTY L LVN in facility Low Sterrett North Tower on 09/03/2008 21:56
Redland Cent Pharm/Jail Health
Admission Date: 08/12/08

Book-In # 000008062651
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 5W06 5W06
BED: 0056

ADMINISTRATION PERIOD: 03 SEP 2008 07:00 TO 04 SEP 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route Rem Refills	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	ORAL	N 000	08-13-08		0800 n	/	/
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day Safeek, Abraham	ORAL	N 000	08-21-08		0800 n	2000 KLB	/
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily Safeek, Abraham	ORAL	N 000	08-21-08		0800 n	/	/
Ibuprofen 400 Mg Tablet UD 400MG 1 tablet by mouth three times a day for 5 days Porsa, Esmacil	ORAL	Y 000	09-02-08	09-07-08			

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		CD	CD 24132	KRM	KRM 27848

9/3/2008 - 12:59:02AM

MAR Reporting Period from 0701-09/03 to 0700 -09/04



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Scanned by BRUNO, KRISTY L LVN in facility Low Sterrett North Tower on 09/02/2008 21:09
Pharm/Jail Health
Admission Date: 08/12/08

Book-In # 000008062551
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 5W06 5W06
BED: 0056

ADMINISTRATION PERIOD: 02 SEP 2008 07:00 TO 03 SEP 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N 000	08-13-08	/	0800 DM	/	/
Sunde, Jon							
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day	ORAL	N 000	08-21-08	/	0800 DM	2012 EB	/
Safeek, Abraham							
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily	ORAL	N 000	08-21-08	/	0800 DM	/	/
Safeek, Abraham							

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
DM	Matthew RJ			EB	EB 020208 RH

9/2/2008 - 12:58:08AM

MAR Reporting Period from 0701-09/02 to 0700 -09/03



Scanned by BOZOR, EUGENIA C RN in facility Low Sterile North Tower on 09/01/2008 21:39 Pharm/Jail Health
Admission Date: 08/12/08

Book-In # 000008062551
Pl. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 5W06 5W06
BED: 0056

ADMINISTRATION PERIOD: 01 SEP 2008 07:00 TO 02 SEP 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Hydrochlorothiazide 25Mg Tb UD 25MG ORAL 1 tablet by mouth daily	N	08-13-08		DM	/	/
Sunde, Jon	000					
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG ORAL 1 tablet by mouth twice a day	N	08-21-08		DM	2008 EB	/
Safeek, Abraham	000					
Amlodipine 10 Mg Tablet UD 10MG ORAL 1 tablet by mouth daily	N	08-21-08		DM	/	/
Safeek, Abraham	000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
DM	DMathew			EB	EBZor RN

9/1/2008 - 1:00:52AM

MAR Reporting Period from 0701-09/01 to 0700 -09/02



Scanned by PATIL, HIMANSHU E LVN in facility Low Sterrett North Tower on 08/31/2008 22:35 Pharm/Jail Health

Admission Date: 08/12/08

UNIT: 5W06 5W06
BED: 0056

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Schedule Medication						
Hydrochlorothiazide 25Mg Tb UD 25MG ORAL 1 tablet by mouth daily Sunde, Jon 000	N	08-13-08		0830 w	/	/
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG ORAL 1 tablet by mouth twice a day Safeek, Abraham 000	N	08-21-08		0830 w	TR 2155	/
Amlodipine 10 Mg Tablet UD 10MG ORAL 1 tablet by mouth daily Safeek, Abraham 000	N	08-21-08		0830 w	/	/

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		CS	24152	HP	2221

MAR Reporting Period from 0701-08/31 to 0700 -09/01

Scanned by PATIL, HIMANSHU E LVN in facility Low Sterrett North Tower on 08/30/2008 22:54
 Parkland Cent Pharm/Jail Health
 Admission Date: 08/12/08

Book-In # 000008062551
 Pt. Name: Green, Gary
 Date of Birth: 03/14/1971 Sex: M
 Allergies:

UNIT: 5W06 5W06
 BED: 0056

Page 1 of 1

ADMINISTRATION PERIOD: 30 AUG 2008 07:00 TO 31 AUG 2008 06:59

Medication Dose Frequency MD	Route	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
		Rem Refills					
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	08-13-08		DS 20 a	/	/
Sunde, Jon		000					
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day	ORAL	N	08-21-08		DS 20 a	TP 2130	/
Safeek, Abraham		000					
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily	ORAL	N	08-21-08		DS 20 a	/	/
Safeek, Abraham		000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		CD	CD 2432	TP	TP 2432

8/30/2008 1:00:24AM

MAR Reporting Period from 0701-08/30 to 0700 -08/31



Scanned by PATIL, HIMANSHU ELVN in facility Low Sterrett North Tower on 08/29/2008 22:36
 Admission Date: 08/12/08

Book-In # 000008062551
 Pt. Name: Green, Gary
 Date of Birth: 03/14/1971 Sex: M
 Allergies:

UNIT: 5W06 5W06
 BED: 0056

ADMINISTRATION PERIOD: 29 AUG 2008 07:00 TO 30 AUG 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Scheduled Medications							
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N 000	08-13-08		0815 w	/	/
Sunde, Jon		000					
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day	ORAL	N 000	08-21-08		0815 w	HP 2045	/
Safeek, Abraham		000					
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily	ORAL	N 000	08-21-08		0815 w	/	/
Safeek, Abraham		000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		CD	cd/10/08 24/132	HP	HP/2756

8/29/2008-12:58:40AM

MAR Reporting Period from 0701-08/29 to 0700 -08/30



Scanned by BOZOR, EUGENIA C RN in facility Low Sterile North Tower on 08/28/2008 21:19 Pharm/Jail Health

Admission Date: 08/12/08

Book-In # 000008062551
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 5W06 5W06
BED: 0056

ADMINISTRATION PERIOD: 28 AUG 2008 07:00 TO 29 AUG 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	08-13-08		08/13	/	/
Sunde, Jon		000					
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day	ORAL	N	08-21-08	/	08/21	/	2002 EB
Safeek, Abraham		000					
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily	ORAL	N	08-21-08		08/21	/	/
Safeek, Abraham		000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
J. D. M. S. R.				EB	EB R. O. R. A. L.

8/28/2008 12:59:24AM

6590.

MAR Reporting Period from 0701-08/28 to 0700 -08/29



Scanned by BOZOR, EUGENIA C RN in facility Low Sterrett North Tower on 08/27/2008 22:02
Admission Date: 08/12/08

Book-In # 000008062551
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 5W06 5W06
BED: 0056

ADMINISTRATION PERIOD: 27 AUG 2008 07:00 TO 28 AUG 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	08-13-08		AN 0905	/	/
Sunde, Jon		000					
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day	ORAL	N	08-21-08		AN 0905	2600 EB	/
Safeek, Abraham		000					
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily	ORAL	N	08-21-08		AN 0905	/	/
Safeek, Abraham		000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
AN	ABraham 27(6)			EB	FE Bozor 21/51

8/27/2008-12:59:01AM

MAR Reporting Period from 0701-08/27 to 0700 -08/28



* 4 8 1 8 8 8 6 2 5 5 1 8 4 2 8 2 8 8 8 8 8 8 *

Scanned by BOZOR, EUGENIA C RN in facility Low Sterrett North Tower on 08/27/2008 22:02
 Admission Date: 08/12/08

Book-In # 000008062551
 Pt. Name: Green, Gary
 Date of Birth: 03/14/1971 Sex: M
 Allergies:

UNIT: 5W06 5W06
 BED: 0056

ADMINISTRATION PERIOD: 27 AUG 2008 07:00 TO 28 AUG 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	08-13-08		AN 0905	/	/
Sunde, Jon		000					
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day	ORAL	N	08-21-08		AN 0905	2600 EB	/
Safeek, Abraham		000					
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily	ORAL	N	08-21-08		AN 0905	/	/
Safeek, Abraham		000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
AN	AN 0905 2600 EB			AN	AN 0905 2600 EB

8/27/2008 12:59:01AM

MAR Reporting Period from 0701-08/27 to 0700 -08/28



* 4 8 1 8 8 8 6 2 5 5 1 8 4 2 8 2 8 8 8 8 8 8 *

Scanned by PATIL, HIMANSHU E LVN in facility Low Sterrett North Tower on 08/27/2008 00:48
Admission Date: 08/12/08

Book-In # 000008062551
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 5W06 5W06
BED: 0056

ADMINISTRATION PERIOD: 26 AUG 2008 07:00 TO 27 AUG 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Scheduled Medications							
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N 000	08-13-08		0830 ~	/	/
Sunde, Jon		000					
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day	ORAL	N 000	08-21-08		0830 ~	7:00 2135	/
Safeek, Abraham		000					
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily	ORAL	N 000	08-21-08		0830 ~	/	/
Safeek, Abraham		000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		GD	(signature) 21437	HP	(signature) 21436

8/26/2008 12:59:41 AM

MAR Reporting Period from 0701-08/26 to 0700 -08/27



* 4 0 1 0 8 0 6 2 5 5 1 0 4 2 8 2 0 0 0 0 0 0 *

Scanned by YI, SUNG H RN in facility Low Sterile North Tower on 08/25/2008 23:39 Cent Pharm/Jail Health
Admission Date: 08/12/08

Book-In # 000008062551
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 5W06 5W06
BED: 0056

ADMINISTRATION PERIOD: 25 AUG 2008 07:00 TO 26 AUG 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Scheduled Medication						
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	08-13-08		NLS an	/	/
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day Safeek, Abraham	N ORAL 000	08-21-08		NLS an	HP 2130	/
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily Safeek, Abraham	N ORAL 000	08-21-08		NLS an	/	/

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
		CD	CDK 24162	HP	HP 2756

8/25/2008 12:24:51 AM

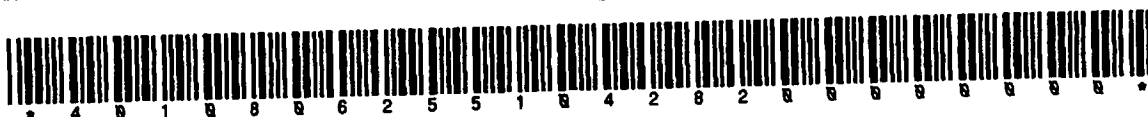
MAR Reporting Period from 0701-08/25 to 0700 -08/26



UNIT: 5W06 5W06
BED: 0056

ADMINISTRATION PERIOD: 24 AUG 2008 07:00 TO 25 AUG 2008 06:59

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
AK	Alfman 28161			EB	EE Bozac B

MAR Reporting Period from 0701-08/24 to 0700 -08/25

Scanned by BOZOR, EUGENIA C RN in facility Low Sterrett North Tower on 08/23/2008 22:17 ent Pharm/Jail Health

Admission Date: 08/12/08

Book-In # 000008062551
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 **Sex:** M
Allergies:

UNIT: 5W06 5W06
BED: 0056

ADMINISTRATION PERIOD: 23 AUG 2008 07:00 TO 24 AUG 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N 000	08-13-08		AR 0820	/	/
Sunde, Jon							
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day	ORAL	N 000	08-21-08		AR 0820	2010 /	/
Safeek, Abraham							
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily	ORAL	N 000	08-21-08		AR 0820	/	/
Safeek, Abraham							

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
AD	AD Anderson 28161			EB	EB Ebers 28162

8/23/2008_12:59:20AM

MAR Reporting Period from 0701-08/23 to 0700 -08/24

Scanned by WILSON, MELONIE D in facility Low Sterrett Infirmary on 08/24/2008 10:25

Parkland Cent Pharm/Jail Health
Admission Date: 08/12/08

Book-In # 000008062551
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 3MW02 3MW02
BED: 0010

Page 1 of 1

ADMINISTRATION PERIOD: 22 AUG 2008 07:00 TO 23 AUG 2008 06:59

Medication Dose Frequency MD	Route	KOP Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N 000	08-13-08		<i>P 1000</i>	<i>/</i>	
Sunde, Jon							
Clonidine Hcl 0.3 Mg Tablet UD 0.3MG 1 tablet by mouth twice a day	ORAL	N 000	08-21-08		<i>P 1000</i>		
Safeek, Abraham							
Amlodipine 10 Mg Tablet UD 10MG 1 tablet by mouth daily	ORAL	N 000	08-21-08		<i>P 1000</i>	<i>/</i>	
Safeek, Abraham							

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
<i>W</i>	<i>Warden</i>				

8/22/2008 12:58:46AM

MAR Reporting Period from 0701-08/22 to 0700 -08/23



Scanned by WILSON, MELONIE D in facility Low Sterrett Infirmary on 08/24/2008 11:17 AM
 Unit Pharm/Jail Health
 Admission Date: 08/12/08

Book-In # 000008062551
 Pt. Name: Green, Gary
 Date of Birth: 03/14/1971 Sex: M
 Allergies:

UNIT: 3MW02 3MW02
 BED: 0010

ADMINISTRATION PERIOD: 19 AUG 2008 07:00 TO 20 AUG 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	KOP Route Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	N ORAL 000	08-13-08		7 1005	1	
Clonidine Hcl 0.2 Mg Tablet UD 0.2MG 1 tablet by mouth twice a day Sunde, Jon	N ORAL 000	08-13-08		7 1005	7 1100	

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
M	Green, Gary				

8/19/2008 1:00:45AM

MAR Reporting Period from 0701-08/19 to 0700 -08/20



Scanned by WILSON, MELONIE D in facility Low Sterrett Infirmary on 08/24/2008 08:49

Parkland Cent Pharm/Jail Health

Admission Date: 08/12/08

Book-In # 000008062551
 Pt. Name: Green, Gary
 Date of Birth: 03/14/1971 Sex: M
 Allergies:

UNIT: 3MW02 3MW02
 BED: 0010

ADMINISTRATION PERIOD: 18 AUG 2008 07:00 TO 19 AUG 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
		Rem Refills					
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily Sunde, Jon	ORAL	N 000	08-13-08		1 1000	/	
Clonidine Hcl 0.2 Mg Tablet UD 0.2MG 1 tablet by mouth twice a day Sunde, Jon	ORAL	N 000	08-13-08		1 1000	7 1602	

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
RE	<i>[Signature]</i>				

8/18/2008 1:00:34AM

MAR Reporting Period from 0701-08/18 to 0700 -08/19



Scanned by WILSON, MELONIE D in facility Low Sterrett Infirmary on 08/24/2008 08:16

Parkland Cent Pharm/Jail Health

Admission Date: 08/12/08

Book-In # 000008062551
Pt. Name: Green, Gary
Date of Birth: 03/14/1971 Sex: M
Allergies:

UNIT: 3MW02 3MW02
BED: 0010

ADMINISTRATION PERIOD: 16 AUG 2008 07:00 TO 17 AUG 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route	KOP Rem Refills	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N 000	08-13-08		10:30 af	/	
Sunde, Jon							
Clonidine Hcl 0.2 Mg Tablet UD 0.2MG 1 tablet by mouth twice a day	ORAL	N 000	08-13-08		10:30 af	1635 af	
Sunde, Jon							

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
J	Deen J 23556				

8/16/2008 12:58:22AM

MAR Reporting Period from 0701-08/16 to 0700 -08/17



Book-In # 000008062551
 Pt. Name: Green, Gary
 Date of Birth: 03/14/1971 Sex: M
 Allergies:

UNIT: 3MW02 3MW02
 BED: 0010

ADMINISTRATION PERIOD: 15 AUG 2008 07:00 TO 16 AUG 2008 06:59

Page 1 of 1

Medication	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Dose	Route					
Frequency						
MD	Rem Refills					
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	N	08-13-08		1045 JK	/	
Sunde, Jon	000					
Clonidine Hcl 0.2 Mg Tablet UD 0.2MG 1 tablet by mouth twice a day	N	08-13-08		1045 JK	1645 JK	
Sunde, Jon	000					

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#
JK	Devin Dye 28546				

8/15/2008 12:57:45AM

MAR Reporting Period from 0701-08/15 to 0700 -08/16



Scanned by WILSON, MELONIE D in facility Lew Sterrett Infirmary on 08/24/2008 06:54

Parkland Cent Pharm/Jail Health

Admission Date: 08/12/08

Book-In # 000008062551
 Pt. Name: Green, Gary
 Date of Birth: 03/14/1971 Sex: M
 Allergies:

UNIT: 3MW02 3MW02
 BED: 0010

ADMINISTRATION PERIOD: 14 AUG 2008 07:00 TO 15 AUG 2008 06:59

Page 1 of 1

Medication Dose Frequency MD	Route Rem Refills	KOP	START TIME	STOP TIME	DAY 7:00-14:59	EVENING 15:00-22:59	NIGHT 23:00-06:59
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	08-13-08				
Sunde, Jon	000						
Clonidine Hcl 0.2 Mg Tablet UD 0.2MG 1 tablet by mouth twice a day	ORAL	N	08-13-08				
Sunde, Jon	000						

INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#	INITIALS	SIGNATURE / ID#

8/14/2008 12:59:44AM

MAR Reporting Period from 0701-08/14 to 0700 -08/15



Scanned by RODRIGUEZ, MONICA P in facility Low Stereot North Tower on 03/09/2010 16:00

*** Order Renewal Form ***

PARKLAND DEPT OF PHARMACY SERVICES, 111 W. COMMERCE, DALLAS, TX, 75208 Telephone: 214-875-2480

Admission Date: 09/22/2009

Book In # 09073266

Allergies:

Name: GREEN, GARY

DOB: 3/14/1971 Sex: M

NORTH FLOOR 3 EW - Unit: NORT Bed: 3E03

EXPIRING ORDERS

Drug	KOP	Start Date Stop Date	Initial to Renew/Refill	Duration (180 day max)
CLARITHROMYCIN 250MG TABS AZEEM, MUHAMMAD TAKE ONE TABLET(S) BY MOUTH TWICE DAILY FOR 7 DAYS	N	03/03/2010 03/09/2010		
GUAIFENESIN/DM 100-15/5ML MLS AZEEM, MUHAMMAD 10 ML BY MOUTH TWICE DAILY FOR 7 DAYS	N	03/03/2010 03/09/2010		

Additional Orders

Drug	Dose	Route	Schedule	Duration	Indication	KOP
------	------	-------	----------	----------	------------	-----

Provider signature/ID#: _____ Date: _____ Time: _____



* 4 8 1 8 9 8 7 3 2 6 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 *

3/4/2010 6:28:34 AM

Page 8

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Z

Parkland Health & Hospital System Dallas County Jail Health 111 Commerce Street Dallas, Texas 214-712-3032 MEDICATION ORDER FORM	Patient Name: <u>Green, Gary</u> Book-in Number: <u>09073266</u> Date of Birth: <u>03/14/1971</u> / Race: <u>B</u> Date/ Time: <u>12/23/2009 10:22AM</u> Jail Location: <u>Low Sterrett North Tower, 6EO3</u>
--	---

Ordering Provider: Wray

Allergies: NO KNOWN ALLERGIES

D C	C h g	K O P	Drug	Dose	Route	Schedule	Duration- Days (Max 90)	Indication
		✓	benzoyl peroxide top		MWIF	daily	30d	folliculitis

Provider Signature: [Signature]

Pager Number: _____

Fax Number: _____

*** Please Fax Orders to Parkland Jail Health Pharmacy 214-875-2459 ***

x *40101394004042869934529800000* #

Scanned by SIERRA, LAVENA F CCA in facility Low Sterrett West Tower on 11/11/2009 17:05

#

Z

Parkland Health & Hospital System Dallas County Jail Health 111 Commerce Street Dallas, Texas 214-712-3032 MEDICATION ORDER FORM	Patient Name: <u>Green, Gary</u>
	Book-in Number: <u>09073266</u>
	Date of Birth: <u>03/14/1971</u> / Race: <u>B</u>
	Date/ Time: <u>11/05/2009 08:39AM</u>
	Jail Location: <u>Low Sterrett West Tower, 7P3</u>

Ordering Provider: _____

Allergies: NO KNOWN ALLERGIES

D C	C h g	K O P	Drug	Dose	Route	Schedule	Duration- Days (Max 90)	Indication
	✓		Remeron	15mg	po	qpm	(90)	
	✓		Hydroxyzine	50mg	po	qpm	(90)	
✓			Celebra			→ stop		

Provider Signature: Ami Khan MD

Pager Number: _____ Fax Number: _____

*** Please Fax Orders to Parkland Jail Health Pharmacy 214-875-2459 ***

FR

X



REPRINT REPRINT REPRINT *** NOT TO BE USED AS MAR*** REPRINT REPRINT REPRINT

Parkland Jail Health, 111 Commerce Street, Dallas, TX 75207 Telephone: 214-875-2460

Admission Date: 9/22/2009

Book-In # 000009073266

Name: Green, Gary

Allergies: No Known Allergies

DOB: 3/14/1971 Sex M

Unit 07P 03

Unit Desc West Tower 7

Bed: 0002

Administration Period: 11/3/2009 at 07:00 to 11/4/2009 at 06:59

Drug	Route	KOP	StartDate	EndDate	Day 7:00-14:59	Evening 15:00-22:59	Night 23:00-06:59
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily	ORAL	N Pavelka, Cathy S	10/19/2009		→ D/C		
Citalopram Hbr 40 Mg Tablet UD 40MG 1 tablet by mouth every morning. Start on 10/6/09	ORAL	N Ridge, Todd	9/30/2009				
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N Pavelka, Cathy S	10/19/2009				
Loratadine 10 Mg Tablet 10MG 1 tablet by mouth once a day for 10 days	ORAL	Y Porsa, Esmacil	10/21/2009	10/31/2009			
Mirtazapine 15 Mg Tablet UD 15MG 1 tablet by mouth every evening	ORAL	N Ridge, Todd	9/30/2009				

Additional Orders:

Drug	Dose	Route	Schedule	Duration	Indication	KOP
------	------	-------	----------	----------	------------	-----

Provider signature / ID#:

[Signature]

40118

Date:

11/3/09

Time:

Administration Period: 11/3/2009 at 07:00 to 11/4/2009 at 06:59

REPRINT REPRINT REPRINT REPRINT REPRINT REPRINT REPRINT REPRINT REPRINT REPRINT REPRINT



Tuesday, November 03, 2009

Page 1 of 3

Scanned by RIVERA, VALVINA LVN in facility Low Sterrett West Tower on 10/26/2009 13:09

EXPIRING ORDERS RENEWAL FORM

Parkland Jall Health, 111 Commerce Street, Dallas, TX 75207 Telephone: 214-875-2460

Admission Date: 9/22/2009

Book-In # 000009073266

Name: Green, Gary

Allergies:

Unit: 07P 03

Unit Desc: West Tower 7

DOB: 3/14/1971 Sex M

Bed: 0002

MD: Sunde, Jon

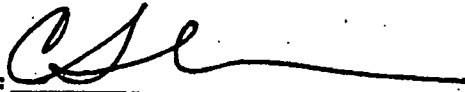
Drug	Route	KOP	StartDate	Initial to acknowledge expiry as scheduled	Initial to Renew/	Duration (90 day max)
Amlodipine 5 Mg Tablet UD 5MG 1 tablet by mouth daily	ORAL	N	9/22/2009	10/21/2009	S	30
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	9/22/2009	10/21/2009	S	30

ADDITIONAL ORDERS

Drug	Dose	Route	Schedule	Duration	Indication	KOP
------	------	-------	----------	----------	------------	-----

Scan 9/30/09 by D.K.
F/U 11/3/09

Provider signature / ID#:



Date:

10/16/09

Time:

Administration Period: 10/16/2009 at 07:00 to 10/17/2009 at 06:59



Friday, October 16, 2009

Page 26 of 26

Scanned by ALEMAN, STEPHANIE M CMA in facility Low Sterrett West Tower on 10/01/2009 13:31

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Z

Parkland Health & Hospital System
Dallas County Jail Health
 111 Commerce Street
 Dallas, Texas
 214-712-3032

MEDICATION ORDER FORMPatient Name: Green, GaryBook-in Number: 09073266Date of Birth: 03/14/1971 / Race: BDate/ Time: 09/29/2009 09:45AMJail Location: Low Sterrett West Tower, 3P12

Ordering Provider: _____

T. Ridge

Allergies: NO KNOWN ALLERGIES

MSN APRN BC ANP

28837

D C	C h g	K O P	Drug	Dose	Route	Schedule	Duration- Days (Max 90)	Indication
			Increase Remevon	15mg	po	QPM	x 90d	Mood
			start Celexa	20mg	po	QAM	x 5d	Mood then ↑
			Celexa	40mg	po	QAM	x 90d	

Provider Signature: _____

T. Ridge
MSN APRN BC ANP
28837

9-29-09 0957

Pager Number: _____

Fax Number: _____

RUC Pharm
BP

*** Please Fax Orders to Parkland Jail Health Pharmacy 214-875-2459 ***



Scanned by SMITH, OCTAVIA D in facility Low Sterrett West Tower on 09/29/2009 18:24

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Parkland Health & Hospital System Dallas County Jail Health 111 Commerce Street Dallas, Texas 214-712-3032 MEDICATION ORDER FORM	Patient Name: <u>Green, Gary</u>
	Book-in Number: <u>09073266</u>
	Date of Birth: <u>03/14/1971</u> / Race: <u>B</u>
	Date/ Time: <u>09/29/2009 09:45AM</u>
Jail Location: <u>Low Sterrett West Tower, 3P12</u>	

Ordering Provider: _____

T.Ridge

MSN APRN BC ANP

28837

Allergies: NO KNOWN ALLERGIES

D C	C h g	K O P	Drug	Dose	Route	Schedule	Duration- Days (Max 90)	Indication
			Increase Remeron	15mg	po	QPM	x90d	Mood
			Start Celexa	20mg	po	QAM	x5d	Mood then ↑
			Celexa	40mg	po	QAM	x90d	

Provider Signature: _____

T.Ridge
MSN APRN BC ANP
28837

9-29-09 0957

Pager Number: _____

Fax Number: _____

RVC Pharm
DA

*** Please Fax Orders to Parkland Jail Health Pharmacy 214-875-2459 ***

X



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Scanned by SMITH, OCTAVIA D in facility Low Sterret West Tower on 09/24/2009 16:36

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Z

Parkland Health & Hospital System Dallas County Jail Health 111 Commerce Street Dallas, Texas 214-712-3032 MEDICATION ORDER FORM	Patient Name: <u>Green, Gary</u> Book-in Number: <u>09073266</u> Date of Birth: <u>03/14/1971</u> / Race: <u>B</u> Date/ Time: <u>09/24/2009 06:18AM</u> Jail Location: <u>Low Sterrett West Tower. 3P12</u>
--	--

Ordering Provider: T.Ridge
Allergies: NO KNOWN ALLERGIES MSN APRN BC ANP
28837

D C	C h g	K O P	Drug	Dose	Route	Schedule	Duration- Days (Max 90)	Indication
Start			Remeron	7.5mg	po	QPM	x15d	Mood
			1st Dose Today Please					

Provider Signature: T. Ridge 9-24-09 1147
T.Ridge
MSN APRN BC ANP
28837

Pager Number: _____ Fax Number: _____

*** Please Fax Orders to Parkland Jail Health Pharmacy 214-875-2459 ***

X



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Scanned by AZEEZ-BELLO, TABAT O LVN in facility Low Sterrett North Tower on 09/09/2008 17:02

#

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Parkland Health & Hospital System Dallas County Jail Health 111 Commerce Street Dallas, Texas 214-712-3032 MEDICATION ORDER FORM	Patient Name: <u>Green, Gary</u> Book-in Number: <u>08062551</u> Date of Birth: <u>03/14/1971</u> Date/ Time: <u>09/09/2008 11:54AM</u> Jail Location: <u>Low Sterrett North Tower, 5W06</u>
--	--

Ordering Provider: URBT

Allergies: NO KNOWN ALLERGIES

D C	C h g	K O P	Drug	Dose	Route	Schedule	Duration- Days (Max 90)	Indication
			Ibuprofen	600 mg	PO	BID	14 d	Pain

Provider Signature: _____

Pager Number: _____

Fax Number: _____

*** Please Fax Orders to Parkland Jail Health Pharmacy 214-875-2459 ***

X



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Parkland Jail Health, 111 Commerce Street, Dallas, TX 75207 Telephone: 214-875-2460

Admission Date: 8/12/2008

Book-In # 000008062551

Name: Green, Gary

Unit 3MW02

Unit Desc: Medical Ward

Allergies:

DOB: 3/14/1971 Sex M

Bed: 0010

Administration Period: 8/21/2008 at 07:00 to 8/22/2008 at 06:59

Drug	Route	KOP	StartDate	EndDate	Day 7:00-14:59	Evening 15:00-22:59	Night 23:00-06:59
Clonidine Hcl 0.2 Mg Tablet UD 0.2MG 1 tablet by mouth twice a day	ORAL	N	8/13/2008	AS 8/21/08			
Hydrochlorothiazide 25Mg Tb UD 25MG 1 tablet by mouth daily	ORAL	N	8/13/2008				

Additional Orders:

Drug	Dose	Route	Schedule	Duration	Indication	KOP
Clonidine	0.3mg po	bid		90 days	HTN	
Norvasc	10mg po	q daily		u	u	

Provider signature / ID#:

[Signature]

Date: 8/21/08 Time:

Administration Period: 8/21/2008 at 07:00 to 8/22/2008 at 06:59

REPRINT REPRINT REPRINT REPRINT REPRINT REPRINT REPRINT REPRINT REPRINT REPRINT



Thursday, August 21, 2008

Page 1 of 4

Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas Tuberculosis Screening Form	Patient Name:	08062551	Male
	Book-in Numl	03/14/1971	Non Hispar
	Date of Birth:	GREEN. GARY	
	Social Security Number:		
	Jail Location:		

Book-In Date: 8-12**Tuberculosis Screening Questions:**

	Yes	No
Human Immunodeficiency Virus ?	<input type="radio"/>	<input checked="" type="radio"/>
Tested Positive for tuberculosis in the past?	<input type="radio"/>	<input checked="" type="radio"/>
Have you ever been treated for tuberculosis?	<input type="radio"/>	<input checked="" type="radio"/>
When was your last chest x-ray?		

When? _____ Where? _____
Date: _____**Any signs or symptoms of tuberculosis?**

	Yes	No
Cough longer than 3 weeks	<input type="radio"/>	<input type="radio"/>
Coughing up blood	<input type="radio"/>	<input type="radio"/>
Night sweats	<input type="radio"/>	<input type="radio"/>
Unexplained weight loss	<input type="radio"/>	<input type="radio"/>

Screened by (Staff Signature/Parkland Employee Identification Number): _____

Purified Protein Derivative Testing
(Tuberculosis Skin Test):Date test placed: 8-12Date test read/result in mm: 08-15

Date chest x-ray ordered: _____

Staff Signature/Parkland Employee
Identification Number: chh 25881Result entered in
Electronic Medical Record

Yes No

Staff Signature/Parkland Employee
Identification Number: chh 25881

<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

Date of Release: _____

Released:

(Skin Test is POSITIVE if greater than 10 millimeters; or greater than 5 millimeters if positive for Human Immunodeficiency Virus)

**DALLAS COUNTY JAIL HEALTH
MENTAL DISABILITY/SUICIDE INTAKE**

PATIENT NAME: GREEN, GARY **BOOK-IN #:** 09073266 **AGE:** 38 Years **DATE:** 09/27/2009 15:29
Facility: Lew Sterrett West Tower **LAI:** 580396 **CELL:** 3P12 **RACE:** B
Most recent vitals from 09/26/2009: BP: 171 / 114 (Sitting) Wt. Height Pulse: 114 (Sitting) Resp.: 20 / min Temp:
CURRENT MEDICATIONS:

ALLERGIES: NO KNOWN ALLERGIES

S: Met with patient today to assess his level of suicidality. Mr. Green said that he wants to kill himself. When asked how he intended to kill himself, he replied that he did not have the necessary tools to accomplish his goal, but if he got a chance, he'd like to overdose on sleeping pills. He told this staff that he was charged with capital murder and that, as a big, black male, he fully expects to get the death penalty. Mr. Green told this staff that he was shaken by the fact that his wife wanted to leave him and that he snapped.

O: The patient appeared to be extremely depressed and was tearful as he talked about his late wife and her daughter. He expressed a sense of hopelessness and helplessness that indicated a high risk of suicide. This patient has a history (by report) of multiple suicide attempts.

A: Depressed and actively suicidal. This patient may be considered to be at a serious risk for suicide.

P: Continue SP. Monitor closely.

Electronically Signed by VARGHESE, KOSHY MHL on 09/27/2009.
##And No Others##

Mental Health (Urgent)

Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas

Name: Gary Kenneth Green
Book-In Number: 09073266
Date of Birth: 03/14/71
Jail Tower: North Jail Tank: 03-E-03

**SICK CALL REQUEST
(KITE)**

☐ Medical ☐ Dental ☒ Mental Health Date: 04/09/10

State Your Problem: (Please write legibly and state your problem specifically.)

I haven't been to sleep within a week (7) or (8) days
now. Reasons unknown other than I just can't sleep!
Please give me some something to help me sleep. I would
like to go to sleep but when I try my mind want stop racing!!!
*Please do not write below this line*****Please do not write below this line* (Urgent)

(Health Service Staff Only)

Triaged By: John H 2844 Triage Time and Date: 1314 4-9-10

☐ Emergent ☐ Urgent ☒ Routine

Subjective:

PE: go med not working. Met

Objective: BP _____ P _____ Respirations _____ Temp _____

med prescribed on 04/01/2010
Pt to continue on current med & evaluate
effectiveness in 2 weeks.

Assessment: No acute distress.

Plan: No P/O @ this time.

Loony Hargrave
04/23/10

Disposition: ☐ Cell Side Resolution ☐ Plan of Care Discussed with Patient

☐ Send to Clinic Now

All Follow-up appointments require EMR Reminders!

☐ RN Follow-up (next day) ☐ Provider Follow-up ☐ Routine ☐ Urgent

☐ Clinic Appointment Date: _____ ☐ Appointment put in EMR

Nurse/MHL Signature

Printed Name and ID #

Date / Time

72
4/9/10
10536

Scanned by NAGEL, JOHN M CCA in facility Low Sterrett North Tower on 02/11/2010 15:35

Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas	Name: <u>GARY RICHARD GREEN</u> Book-in Number: <u>09073266</u> Date of Birth: <u>03/14/71</u> Jail Tower: <u>NORTH TOWER</u> Jail Tank: <u>6-W-04</u>
SICK CALL REQUEST (KITE)	

☒ Medical ☐ Dental ☐ Mental Health Date: 02/01/10

State your problem: (Please write legibly and state your problem specifically)

I request to see the doctor concerning a eye
exam so that I could get some free-world glasses
sent in. I need glasses for reading & writing
to just need the exam to get the glasses
so please assist me. Thank you.

Please do not write below this line

(Health Service Staff Only)

Triage by: King LOW SPR Triage time and date: 4/1/10 1932

☐ Emergent ☐ Urgent ☒ Routine

Subjective:	
Objective: BP _____ P _____ Respirations _____ Temp _____	
requested for recommended eye glasses	
Assessment:	
refer to provider for eval.	
Plan:	

Disposition: ☐ Cell side resolution ☐ Plan of care discussed with patient
☐ Send to clinic now

All Follow-up appointments require EMR reminders!

☐ RN Follow-up (next day) ☐ Provider Follow-up: ☐ Routine ☐ Urgent

☐ Clinic appointment date: 2/2/10 ☐ Appointment put in EMR

[Signature]
Attended/BAU/Attendance

[Signature] 28772
Attended/BAU/Attendance

2/1/10
Date/Time

Date/Time Stamp:

2-1-10

Scanned by MIRELEZ, MICHAEL J CCA in facility Low Sterrett West Tower on 11/12/2009 10:59

09013207

DALLAS COUNTY JAIL HEALTH
MENTAL HEALTH FOLLOWUP NOTE

PATIENT NAME: Green, Gary BOOK-IN #: 09073266 DATE: 11/05/2009 08:39AM RACE: B
FACILITY: Low Sterrett West Tower LAI #: 580396 CELL: 7P3

Most recent vitals from 11/03/2009: BP: 166 / 109 (Sitting) Wt. 149 Lbs. Height 64 In. Pulse: 73 (Sitting) Resp.: 18 / min Temp: 97.5 (Oral)

CURRENT MEDICATIONS:
LISINOPRIL TAB 20 M 20MG TABS, 1 TABS ORAL BID

ALLERGIES: NO KNOWN ALLERGIES

SUBJECTIVE: Hist. Dx

See Previous & MHL Screen

*I wish I could sleep
40 sleeping only 1 1/2 hour.*

MENTAL STATUS: A/O
Affect: appropriate/full range
Attitude: cooperative
Mood: perfunctory/cooperative
positive/hopeful
sarcastic
labile/fearful
Psychomotor: normal increased decreased ataxic
Thought Process: goal directed, linear and logical
Speech: normal rate, volume pressured
Sleep: normal decreased
Insight / Judgment: adequate fair
Thought Content: congruent w/process
Hallucinations: No/Yes Auditory
Delusions: No/Yes Paranoid
Involuntary Mvmts: None EPS Visual Tactile Olfactory Gustatory
Grandiose Persecutory Somatic Bizarre Ideas of Reference
Acute dystonia TD Tremor Other

SUICIDALITY:

HOMICIDALITY:

Denies

ASSESSMENT:

AXIS I: Adjustment d/o c depressed mood, opioid abuse
AXIS II: HTN
AXIS III: Legal incarceration
AXIS IV: GAF 55

PLAN:

1. Patient does/does not demonstrate verbalize understanding and agreement with Plan of Care
2. RTC 8 days/weeks/months Date: _____
3. Get records from _____
4. Labs CBC w/Diff CMP Hep Fxn TSH VPA/LH/CBZ
5. Medication:

① Stop Celexa

② Remeron 15 mg po qpm *Am J Khan*

③ Hydroxyzine 50 mg po qpm

*-med education
done including
risk of SE.
-Pt consented for
meds*

MD/PA-C/ARNP

Scanned by SMITH, OCTAVIA D in facility Low Sterrett West Tower on 09/26/2009 16:49

DALLAS COUNTY JAIL HEALTH
MENTAL HEALTH FOLLOWUP NOTE

Swica Braluch

PATIENT NAME: Green, Gary BOOK-IN #: 09073266 DATE: 09/26/2009 06:52AM
FACILITY: Low Sterrett West Tower LAI #: 580396 CELL: 3P12 RACE: B

Most recent vitals from 09/25/2009: BP: 157 / 109 (Sitting) Wt. Height Pulse: 89 (Sitting) Resp.: 18 / min Temp:

CURRENT MEDICATIONS: *Seen today for Swica Braluch.*
ALLERGIES: NO KNOWN ALLERGIES *He is still feeling depressed. No motivation*

SUBJECTIVE: Hist. Dx: *See Previous & MHL Screen*

He is feeling safe on Swica water.

MENTAL STATUS: A/O
Affect: appropriate/full range
Attitude: cooperative
Mood: normal/cooperative
positive/hopeful
sarcastic
labile/tearful
Psychomotor: *normal* increased decreased ataxic
Thought Process: goal directed, linear and logical tangential/LOA/circumstantial/disorganized/FOI/concrete
Speech: normal rate, volume pressured slurred slow/latency mute
Sleep: *normal* decreased increased
Insight / Judgment: adequate fair poor
Thought Content: congruent w/process
Hallucinations: *No* Yes Auditory Visual Tactile Olfactory Gustatory
Delusions: *No* Yes Paranoid Grandiose Persecutory Somatic Bizarre Ideas of Reference
Involuntary Mvmts: None EPS Acute dystonia TD Tremor Other
SUICIDALITY: *Yes*
HOMICIDALITY: *No*

ASSESSMENT: *Adjustment disorder NOS*
AXIS I:
AXIS II:
AXIS III:
AXIS IV:
AXIS V: GAF
PLAN:

1. Patient does/does not demonstrate/verbalize understanding and agreement with Plan of Care
2. RTC *9/27/09* days/weeks/months Date: *9/27/09*
3. Get records from
4. Labs CBC w/Diff CMP Hep Fxn TSH VPA/LI/CBZ
5. Medication:

G Continue Swica water.

G RTC 9/27/09

MD/PA-G/ARNP

X



#

G Smock + Matton.

S nodes

*Swica Braluch
9/26/09*

<p>Phikland Health & Hospital System Scanned by SMITH, OCTAVIA D in facility Low Sterrett West Tower on 10/02/2009 12:42</p> <p>Dallas County Jail Health</p> <p>Suicide Precaution Orders</p>	<p>Patient Name: <u>Green, Gary</u></p> <p>Book-in Number: <u>09073266</u></p> <p>Jail Location: <u>3P12</u></p> <p>Date/Time: _____</p>
---	--

I. Suicide Precaution:

- ☐ Active suicidal thoughts / plans ☐ Recent suicidal thoughts / attempts
☐ No suicidal thoughts / plans

Check only one box:

- ☐ Start/Continue suicidal precautions ☐ Start/Continue crisis stabilization
☐ Discontinue suicidal precautions ☒ Discontinue crisis stabilization

II. Special Instructions:

(A) When an inmate is ordered on suicide precautions, following items should be given to inmate unless prohibited for clinical or safety reason per Provider's order:

- 1) Suicide smock (paper drape only if smock is unavailable)
- 2) Mattress
- 3) 24 inches of toilet tissue and 24 inches each use
- 4) One Styrofoam cup
- 5) Finger tooth brush with tooth paste daily (to be taken away after use)
- 6) Towel (issued and taken away immediately after use)
- 7) Daily day room privileges for shower and telephone (Check if contraindicated ☐)
- 8) Other: _____

(B) Suicide Precaution: (Medical staff may order)

- | | | |
|---|---|--|
| <input type="checkbox"/> Jumpsuit/uniform | <input type="checkbox"/> Undergarment | <input type="checkbox"/> Unlaced footwear |
| <input type="checkbox"/> Reading Material | <input type="checkbox"/> Soft rubber pen | <input type="checkbox"/> Toothbrush and toothpaste |
| <input type="checkbox"/> Toilet paper | <input type="checkbox"/> Sanitary Napkins | |
| <input type="checkbox"/> Other _____ | | |

III. Housing:

- ☐ Crisis Stabilization Program-Male(West Tower, 3P 11-3P 12)
☐ Crisis Stabilization Program-Female (North Tower, 2-East, 2-West Lower)
☐ Close Observation (CBO) ☐ Open Observation (OBO) ☐ General Population (GP)
☐ Special observation area in Central Intake
☐ Personal Belongings

Reasons (if any), 8 men OBO

Nurse's Name: _____ Sign _____ Date/Time: _____

Provider's Name _____ Sign _____ Date/Time: 9-30-09

T. Ridge
MSN APRN BC ANP
20037

Parkland Health & Hospital System
Scanned by SMITH, OCTAVIA D in facility Low Sterrett West Tower on 10/02/2009 12:42
Dallas County Jail Health

Patient Name: Green, Gary

Suicide Precaution Orders

Book-in Number: 09073766

Jail Location: 3P12

Date/Time: _____

I. Suicide Precaution:

- ☐ Active suicidal thoughts / plans
- ☐ No suicidal thoughts / plans

- ☐ Recent suicidal thoughts / attempts

Check only one box:

- ☐ Start/Continue suicidal precautions
- ☐ Discontinue suicidal precautions

- ☐ Start/Continue crisis stabilization

- ☒ Discontinue crisis stabilization

II. Special Instructions:

(A) When an inmate is ordered on suicide precautions, following items should be given to inmate unless prohibited for clinical or safety reason per Provider's order:

- 1) Suicide smock (paper drape only if smock is unavailable)
- 2) Mattress
- 3) 24 inches of toilet tissue and 24 inches each use
- 4) One Styrofoam cup
- 5) Finger tooth brush with tooth paste daily (to be taken away after use)
- 6) Towel (issued and taken away immediately after use)
- 7) Daily day room privileges for shower and telephone (Check if contraindicated ☐)
- 8) Other: _____

(B) Suicide Precaution: (Medical staff may order)

- ☐ Jumpsuit/uniform
- ☐ Undergarment
- ☐ Unlaced footwear
- ☐ Reading Material
- ☐ Soft rubber pen
- ☐ Toothbrush and toothpaste
- ☐ Toilet paper
- ☐ Sanitary Napkins
- ☐ Other: _____

III. Housing:

- ☐ Crisis Stabilization Program-Male(West Tower, 3P 11-3P 12)
- ☐ Crisis Stabilization Program-Female (North Tower, 2-East, 2-West Lower)
- ☐ Close Observation (CBO) ☐ Open Observation (OBO) ☐ General Population (GP)

Sign OBO

Provider's Name _____

Sign. _____

MSN # 28837

Date/Time: 7-30-09

<p>Portland Health & Hospital System Scanned by SMITH, OCTAVIA D in facility Law Sterrett West Tower on 10/02/2009 12:43</p> <p>Dallas County Jail Health</p> <p>Suicide Precaution Orders</p>	<p>Patient Name: <u>Green, Gary</u></p> <p>Book-in Number: <u>09073266</u></p> <p>Jail Location: <u>3P12</u></p> <p>Date/Time: _____</p>
---	--

I. Suicide Precaution:

- ☐ Active suicidal thoughts / plans ☐ Recent suicidal thoughts / attempts
☐ No suicidal thoughts / plans

Check only one box:

- ☐ Start/Continue suicidal precautions ☒ Start/Continue crisis stabilization
☐ Discontinue suicidal precautions ☐ Discontinue crisis stabilization

II. Special Instructions:

(A) When an inmate is ordered on suicide precautions, following items should be given to inmate unless prohibited for clinical or safety reason per Provider's order:

- 1) Suicide smock (paper drape only if smock is unavailable)
- 2) Mattress
- 3) 24 inches of toilet tissue and 24 inches each use
- 4) One Styrofoam cup
- 5) Finger tooth brush with tooth paste daily (to be taken away after use)
- 6) Towel (issued and taken away immediately after use)
- 7) Daily day room privileges for shower and telephone (Check if contraindicated ☐)
- 8) Other: _____

(B) Suicide Precaution: (Medical staff may order)

- | | | |
|---|---|--|
| <input type="checkbox"/> Jumpsuit/uniform | <input type="checkbox"/> Undergarment | <input type="checkbox"/> Unlaced footwear |
| <input type="checkbox"/> Reading Material | <input type="checkbox"/> Soft rubber pen | <input type="checkbox"/> Toothbrush and toothpaste |
| <input type="checkbox"/> Toilet paper | <input type="checkbox"/> Sanitary Napkins | |
| <input type="checkbox"/> Other _____ | | |

III. Housing:

- ☒ Crisis Stabilization Program-Male (West Tower, 3P 11-3P 12)
☐ Crisis Stabilization Program-Female (North Tower, 2-East, 2-West Lower)
☐ Close Observation (CBO) ☐ Open Observation (OBO) ☐ General Population (GP)
☐ Special observation area in Central Intake
☐ Personal Belongings
Reasons (if any), _____

Nurse's Name: _____ Sign _____ Date/Time: _____

Provider's Name _____ Sign. T. Biddle MSN APRN BC ANP Date/Time: 9-29-09
28837

Scanned by RODRIGUEZ, MONICA P in facility Low Starrett West Tower on 09/30/2009 11:50

Parkland Health & Hospital System Dallas County Jail Health Suicide Precaution Orders	Patient Name: <u>Green, Gary</u>
	Book-in Number: <u>09073266</u>
	Jail Location: <u>3P12</u>
	Date/Time: _____

I. Suicide Precaution:

- ☐ Active suicidal thoughts / plans ☐ Recent suicidal thoughts / attempts
☐ No suicidal thoughts / plans

Rec'd 5084

Check only one box:

- ☒ Start/Continue suicidal precautions ☐ Start/Continue crisis stabilization
☒ Discontinue suicidal precautions ☐ Discontinue crisis stabilization

II. Special Instructions:

(A) When an inmate is ordered on suicide precautions, following items should be given to inmate unless prohibited for clinical or safety reason per Provider's order:

- 1) Suicide smock (paper drape only if smock is unavailable)
- 2) Mattress
- 3) 24 inches of toilet tissue and 24 inches each use
- 4) One Styrofoam cup
- 5) Finger tooth brush with tooth paste daily (to be taken away after use)
- 6) Towel (issued and taken away immediately after use)
- 7) Daily day room privileges for shower and telephone (Check if contraindicated ☐)
- 8) Other: _____

(B) Suicide Precaution: (Medical staff may order)

- ☐ Jumpsuit/uniform ☐ Undergarment ☐ Unlaced footwear
☐ Reading Material ☐ Soft rubber pen ☐ Toothbrush and toothpaste
☐ Toilet paper ☐ Sanitary Napkins
☐ Other: _____

III. Housing:

- ☐ Crisis Stabilization Program-Male West Tower, 3P 11-3P 12)
☐ Crisis Stabilization Program-Female (North Tower, 2-East, 2-West Lower)
☐ Close Observation (CBO) ☐ Open Observation (OBO) ☐ General Population (GP)
☐ Special observation area in Central Intake
☐ Personal Belongings

Reasons (if any), _____

Nurse's Name: _____ Sign _____ Date/Time: _____

Provider's Name _____ Sign *T. B. B. MSN BC ANP 28837* Date/Time: 9-28-09

ORDER - SUICIDE PRECAUTIONS/UPDATE FORM

Date: 09/26/2009 06:52AM Location: Low Sterrett West Tower

NAME: Green, Gary BI# 09073266

DOB: 03/14/1971 Race/Sex: B / M

Suicidal Precautions Authorized By: _____

Special Instructions or Orders: _____

Nursing Supervisor Notified: _____

Nurse's Signature: _____

Physician Name (Print) _____ Signature: _____

UPDATE - SUICIDE PRECAUTIONS

NAME: Green, Gary BI# 09073266

LOCATION: Low Sterrett West Tower DOB: 03/14/1971 ☒ Continue Suicide Precautions

Date/Time: 09/26/2009 06:52AM

Transfer Inmate To: N/A Special Instructions: Smear + Maltren.

Physician Name (Print): S. R. E. O. N. Y. Signature: med g

DISCONTINUE - SUICIDE PRECAUTIONS

NAME: Green, Gary BI# 09073266

LOCATION: Low Sterrett West Tower DOB: 03/14/1971 ☐ Discontinue Suicide Precautions

Date/Time: 09/26/2009 06:52AM

Transfer Inmate To: _____ Special Instructions: _____

Physician Name (Print): _____ Signature: _____

X



#

<small>Do not use this form for inmates in facility Law Sterrett West Tower on 09/25/2009 16:47</small>	
Dallas County Jail Health	Inmate Name: <u>Green, Gary</u>
Suicide Precaution Orders	Book-in Number: <u>09073266</u>
	Jail Location: <u>3P12</u>
	Date/Time: <u>09/25/2009</u>

I. Suicide Precaution:

- ☐ Active suicidal thoughts / plans ☐ Recent suicidal thoughts / attempts
☐ No suicidal thoughts / plans

Check only one box:

- ☐ Start/Continue suicidal precautions ☐ Start/Continue crisis stabilization
☐ Discontinue suicidal precautions ☐ Discontinue crisis stabilization

II. Special Instructions:

(A) When an inmate is ordered on suicide precautions, following items should be given to inmate unless prohibited for clinical or safety reason per Provider's order:

- 1) Suicide smock (paper drape only if smock is unavailable)
- 2) Mattress
- 3) 24 inches of toilet tissue and 24 inches each use
- 4) One Styrofoam cup
- 5) Finger tooth brush with tooth paste daily (to be taken away after use)
- 6) Towel (issued and taken away immediately after use)
- 7) Daily day room privileges for shower and telephone (Check if contraindicated ☐)
- 8) Other: _____

(B) **Suicide Precaution:** (Medical staff may order)

- | | | |
|---|---|--|
| <input type="checkbox"/> Jumpsuit/uniform | <input type="checkbox"/> Undergarment | <input type="checkbox"/> Unlaced footwear |
| <input type="checkbox"/> Reading Material | <input type="checkbox"/> Soft rubber pen | <input type="checkbox"/> Toothbrush and toothpaste |
| <input type="checkbox"/> Toilet paper | <input type="checkbox"/> Sanitary Napkins | |
| <input type="checkbox"/> Other <u>Blanket</u> | | |

III. Housing:

- ☐ Crisis Stabilization Program-Male(West Tower, 3P 11-3P 12)
☐ Crisis Stabilization Program-Female (North Tower, 2-East, 2-West Lower)
☐ Close Observation (CBO) ☐ Open Observation (OBO) ☐ General Population (GP)
☐ Special observation area in Central Intake
☐ Personal Belongings

Reasons (if any), _____

Nurse's Name: _____ Sign _____ Date/Time: _____

Provider's Name _____ T. Ridgo
SIGNATURE
28837 Date/Time: 09/25/2009

Scanned by SMITH, OCTAVIA D in facility Low Sterling West Tower on 09/24/2009 16:35	Name: <u>Green, Gary</u>
Dallas County Jail Health	Book-in Number: <u>09073266</u>
Suicide Precaution Orders	Jail Location: <u>3 PIZ</u>
	Date/Time: _____

I. Suicide Precaution:

- ☐ Active suicidal thoughts / plans ☐ Recent suicidal thoughts / attempts
☐ No suicidal thoughts / plans

Check only one box:

- ☒ Start/Continue suicidal precautions ☐ Start/Continue crisis stabilization
☐ Discontinue suicidal precautions ☐ Discontinue crisis stabilization

II. Special Instructions:

(A) When an inmate is ordered on suicide precautions, following items should be given to inmate unless prohibited for clinical or safety reason per Provider's order:

- 1) Suicide smock (paper drape only if smock is unavailable)
- 2) Mattress
- 3) 24 inches of toilet tissue and 24 inches each use
- 4) One Styrofoam cup
- 5) Finger tooth brush with tooth paste daily (to be taken away after use)
- 6) Towel (issued and taken away immediately after use)
- 7) Daily day room privileges for shower and telephone (Check if contraindicated ☐)
- 8) Other: _____

(B) Suicide Precaution: (Medical staff may order)

- | | | |
|---|---|--|
| <input type="checkbox"/> Jumpsuit/uniform | <input type="checkbox"/> Undergarment | <input type="checkbox"/> Unlaced footwear |
| <input type="checkbox"/> Reading Material | <input type="checkbox"/> Soft rubber pen | <input type="checkbox"/> Toothbrush and toothpaste |
| <input type="checkbox"/> Toilet paper | <input type="checkbox"/> Sanitary Napkins | |
| <input type="checkbox"/> Other _____ | | |

III. Housing:

- ☐ Crisis Stabilization Program-Male(West Tower, 3P 11-3P 12)
☐ Crisis Stabilization Program-Female (North Tower, 2-East, 2-West Lower)
☐ Close Observation (CBO) ☐ Open Observation (OBO) ☐ General Population (GP)
☐ Special observation area in Central Intake
☐ Personal Belongings

Reasons (if any), _____

Nurse's Name: _____ Sign _____ Date/Time: _____

Provider's Name _____ Sign T. Ridge Date/Time: 9-24-09
MSN APRN 8641P
28837

Scanned by SMITH, OCTAVIA D in facility Law Sterrett West Tower on 09/23/2009 16:03	
Dallas County Jail Health	Patient Name: <u>Green, Gary</u>
Suicide Precaution Orders	Book-in Number: <u>09073266</u>
	Jail Location: <u>3P12</u>
	Date/Time: _____

I. Suicide Precaution:

- ☐ Active suicidal thoughts / plans ☐ Recent suicidal thoughts / attempts
☐ No suicidal thoughts / plans

Check only one box:

- ☒ Start/Continue suicidal precautions ☐ Start/Continue crisis stabilization
☐ Discontinue suicidal precautions ☐ Discontinue crisis stabilization

RUC 5874
DO

II. Special Instructions:

(A) When an inmate is ordered on suicide precautions, following items should be given to inmate unless prohibited for clinical or safety reason per Provider's order:

- 1) Suicide smock (paper drape only if smock is unavailable)
- 2) Mattress
- 3) 24 inches of toilet tissue and 24 inches each use
- 4) One Styrofoam cup
- 5) Finger tooth brush with tooth paste daily (to be taken away after use)
- 6) Towel (issued and taken away immediately after use)
- 7) Daily day room privileges for shower and telephone (Check if contraindicated ☐)
- 8) Other: _____

(B) Suicide Precaution: (Medical staff may order)

- | | | |
|---|---|--|
| <input type="checkbox"/> Jumpsuit/uniform | <input type="checkbox"/> Undergarment | <input type="checkbox"/> Unlaced footwear |
| <input type="checkbox"/> Reading Material | <input type="checkbox"/> Soft rubber pen | <input type="checkbox"/> Toothbrush and toothpaste |
| <input type="checkbox"/> Toilet paper | <input type="checkbox"/> Sanitary Napkins | |
| <input type="checkbox"/> Other _____ | | |

III. Housing:

- ☐ Crisis Stabilization Program-Male(West Tower, 3P 11-3P 12)
☐ Crisis Stabilization Program-Female (North Tower, 2-East, 2-West Lower)
☐ Close Observation (CBO) ☐ Open Observation (OBO) ☐ General Population (GP)
☐ Special observation area in Central Intake
☐ Personal Belongings

Reasons (if any), _____

Nurse's Name: _____ Sign: T. Ridge Date/Time: _____

Provider's Name: _____ Sign: MSN APRN BC ANP 28837 Date/Time: 9-23-09

Scanned by SMITH, OCTAVIA D in facility Low Sterrett West Tower on 09/24/2009 16:35

Suicide Observation Log

Facility: Low Sterrett West Tower Jail

Inmate: Green, Gary

Location: 3P12 G

Date: 9-22-09

BNO #: 09073266

Shift: 1st watch

[illegible]

Scanned by VILLATORO, VANESSA L in facility Central Intake on 09/22/2009 14:32

**ORDER FOR
INTENSIVE SUICIDE PRECAUTIONS**Date: 9.22.09 Time: _____ Location: CIName: Green, Gary Renard Book # _____DOB: 3.14.71 Age: 38 y.o Race: B Sex: Male ☒ Female ☐Intensive Suicidal Precautions Authorized By: Lora Conwill RN 29542Special Instructions or Orders: Paper Gown

Nursing Supervisor Notified: _____

Nurse Name (Print): Lora Conwill RN Nurse Signature: Lora Conwill RN 2954

Physician Name (Print): _____ Physician Signature: _____

**ORDERS FOR CONTINUATION IN
INTENSIVE SUICIDE PRECAUTION**

Name: _____ Book # _____

Location: _____ DOB: _____ Continue Intensive Suicide Precautions

Date: _____ Time: _____ AM / PM

Transfer Inmate To: _____ Special Instructions: _____

Physician Name (Print): _____ Physician Signature: _____

**ORDERS TO DISCONTINUE
INTENSIVE SUICIDE PRECAUTION**

Name: _____ Book # _____

Location: _____ DOB: _____ Discontinue Intensive Suicide Precautions

Transfer Inmate To: _____ Special Instructions: _____

Date: _____ Time: _____ AM / PM

Physician Name (Print): _____ Physician Signature: _____

**DALLAS COUNTY JAIL HEALTH
MH-CLINIC NOTE BRIEF**

PATIENT NAME: GREEN, GARY **BOOK-IN #:** 09073266 **AGE:** 38 Years **RACE:** B
DATE: 02/11/2010 10:13
Facility: Lew Sterrett North Tower **LAI:** 580396 **CELL:** 6W04

Most recent vitals from 02/03/2010: BP: 149 / 93 (Sitting) Wt. Height Pulse: 52 (Sitting) Resp.: 16 / min
Temp: 97.4 (Oral)

CURRENT MEDICATIONS:

HYDROXYZINE TAB 50 50MG TABS, 1 TABS ORAL QPM
LISINOPRIL TAB 20 M 20MG TABS, 1 TABS ORAL BID
MIRTAZAPINE TAB 30 M 30MG TABS, 1 TABS ORAL QHS

ALLERGIES: NO KNOWN ALLERGIES

S: I have spoken with the above pt on several occasions for the purpose of assisting him with making the adjustment from West Tower housing and programs to North Tower general population and lack of programs. It was my understanding that part of his moving to North Tower was to pursue the religious programs and practice his faith. Since talking to him I have come to understand that he does not leave his tank very often according to him. He does not go to recreation and he is not going to church.

O: Pt appears normal. Pt has an appropriate attitude. His mood is appropriately depressed for this environment. He has normal thought process, and normal speech. He continues to make good eye contact.

A: Pt is always appropriate, cooperative and calm whenever I have talked with him. He has been consistent in his appeal to be considered for transfer back to the West Tower where he obviously feels more comfortable. He has adjusted to North Tower and stayed out of administrative custody and has not attempted to play the "suicide" card to get transferred back to West Tower. The pt has responded very well to the brief episodic counseling he has received by this MHL. He generally talks about people judging others and is very philosophical and analytical. He asked for a magazine in our last discussion, "Psychology Today." Pt is now saying that he prefers to be in "lock-up" or single cell. He probably does not like the "sexual predators" as he put it to co-exist with in his tank. Most of the other men in the area that he is in are here on aggravated sexual offense charges or related charges. This pt responds well to listening and simple redirection.

P: Pt denies suicidal ideation at this time. He is going to remain in North Tower under my support for as much as it depends on me. This MHL is going to have the pt seen again by a provider. For some reason his medication was stopped for a couple of days several days ago, perhaps another encounter with the provider will avoid the reoccurrence of medications.

O: Electronically Signed by SADBERRY, LARRY A MHL on 02/11/2010.
##And No Others##

Dallas County Jail Health

Dallas, Texas

MENTAL HEALTH**Clinic Note Brief**Patient Name: GREEN, GARYBook-in Number: 09073266Date of Birth: 03/14/1971 Race: BDate/ Time: 02/10/2010 01:43Jail Location: Lew Sterrett North Tower, 6W04

Most recent vitals from 02/03/2010: BP: 149 / 93 (Sitting) Wt. Height Pulse: 52 (Sitting) Resp.: 16 / min
Temp: 97.4 (Oral)

CURRENT MEDICATIONS:

HYDROXYZINE TAB 50 50MG TABS, 1 TABS ORAL QPM

LISINOPRIL TAB 20 M 20MG TABS, 1 TABS ORAL BID

MIRTAZAPINE TAB 30 M 30MG TABS, 1 TABS ORAL QHS

ALLERGIES: NO KNOWN ALLERGIES

Saw the patient face to face and he reports that he would like to be in a single cell. He reports that he was in a single cell in the west tower. The patient reports that he could cope better in a single cell. He denies having any audio or visual hallucinations. He denies having any suicidal thoughts. The patient was seen by a mental health provider on 2/04/10. The patient denies having any problems at his present location. The patient reports that he is concerned about his legal problems and would feel better being alone. Patient returned to his present location. Will report this visit with the mental health provider.

Electronically Signed by WILSON, DORIS J LVN on 02/10/2010.

##And No Others##

Most recent vitals from 02/03/2010: BP: 149 / 93 (Sitting) Wt. Height Pulse: 52 (Sitting) Resp.: 16 / min
Temp: 97.4 (Oral)

CURRENT MEDICATIONS:

LISINOPRIL TAB 20 M 20MG TABS, 1 TABS ORAL BID

ALLERGIES: NO KNOWN ALLERGIES

s/o: Medication expired

a/p: Renew

Started Meds:

HYDROXYZINE TAB 50 50MG TABS 50111030903 02/04/2010 15:36

1 TABS ORAL QPM

STOP DATE:

REFILLS:

MIRTAZAPINE TAB 30 M 30MG TABS 51079008720 02/04/2010 15:35

1 TABS ORAL QHS

STOP DATE:

REFILLS:

Electronically Signed by COTTEN, MARVIN C PA on 02/04/2010.

##And No Others##

**DALLAS COUNTY JAIL HEALTH
MH-CLINIC NOTE BRIEF**

PATIENT NAME: GREEN, GARY **BOOK-IN #:** 09073266 **AGE:** 38 Years **RACE:** B
DATE: 01/25/2010 12:41
Facility: Lew Sterrett North Tower **LAI:** 580396 **CELL:** 6EO3

Most recent vitals from 01/22/2010: BP: 144 / 97 (Sitting) Wt. Height Pulse: 81 (Sitting) Resp.: 19 / min
Temp: 97.5 (Oral)

CURRENT MEDICATIONS:

LISINOPRIL TAB 20 M 20MG TABS, 1 TABS ORAL BID

ALLERGIES: NO KNOWN ALLERGIES

S: Pt is being seen by this MHL weekly at his request by kites. He wrote a kite recently that he wanted to talk to this MHL.

O: Pt makes good eye contact. He has a relatively flat affect. Pt has clear speech and speaks very calmly and deliberately.

A: Pt is preoccupied with the judgement of others.

He said, "I had to tell one of my visitors not to judge me. He also said, "I was going to kill myself before I got to jail." He said, "I just don't want people judging me." Pt talked about reading both The Holy Bible and The Holy Koran. He seems to think that his being in jail will serve some greater purpose. He is going to spend his time in jail adjusting to the idea of being in jail and perhaps awaiting the death penalty or living a life sentence. According to him he thinks about, "Am I going to live to see 50." Pt denies current suicidal ideation.

P: Pt will remain in North Tower and be treated for Adjustment D/O, Depressed Mood, and Opiate Abuse.

Pt has seen MHL about once a week for about 6 to 8 weeks. We will slowly decrease intensity and duration of visits. Pt will benefit from a timely response to kites in the future with the prior information and familiarity to his case.

Electronically Signed by SADBERRY, LARRY A MHL on 01/25/2010.

##And No Others##

Most recent vitals from 11/17/2009: BP: 143 / 95 (Sitting) Wt. Height Pulse: 88 (Sitting) Resp.: 18 / min
Temp: 97.7 (Oral)

CURRENT MEDICATIONS:

LISINAPRIL TAB 20 M 20MG TABS, 1 TABS ORAL BID

ALLERGIES: NO KNOWN ALLERGIES

Late entry: 11/16/09 10:30

I met with pt in response to kite.

S- Pt said "I have images and voices related to my case." He said that these started about 3 weeks ago.

O- Pt's thought processes were organized and goal directed. Grooming and hygiene attended to and demeanor was calm and courteous. Pt does not appear to be responding to internal stimuli.

A- No apparent emotional or psychological distress noted at this time.

P- Reviewed EMR. Case d/w psych provider. Pt will see psych provider at scheduled appt. T/T GP.

Electronically Signed by WILLIAMS, JAMES P MHL on 11/17/2009.

##And No Others##

Dallas, Texas
MENTAL HEALTH
Clinic Note Brief

Case 3:15-cv-02197-M-BH Document 24-63 Filed 08/01/16 Page 149 of 250 PageID 6952
Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 Race: B

Date/ Time: 11/05/2009 12:50

Jail Location: Lew Sterrett West Tower, 7P3

Most recent vitals from 11/03/2009: BP: 166 / 109 (Sitting) Wt. Height Pulse: 73 (Sitting) Resp.: 18 / min Temp: 97.5 (Oral)

CURRENT MEDICATIONS:

LISINOPRIL TAB 20 M 20MG TABS, 1 TABS ORAL BID

ALLERGIES: NO KNOWN ALLERGIES

Patient seen for f/u on the 7th floor. C/o not being able to sleep. Denies SI/HI. No other concerns. Dx: Adjustment d/o depressed, opioid abuse. Will stop celexa. Will continue remeron 15 mg q pm. Will start hydroxyzine 50 mg q pm for anxiety and sleep. Med education done including risk of SE. F/u in 8 weeks/prn.

Electronically Signed by KHAN, ARIF M MD on 11/05/2009.
##And No Others##

Dallas County Jail Health

Dallas, Texas

MENTAL HEALTH

Clinic Note Brief

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 Race: B

Date/ Time: 09/28/2009 10:09

Jail Location: Lew Sterrett West Tower, 3P12

Most recent vitals from 09/26/2009: BP: 171 / 114 (Sitting) Wt. Height Pulse: 114 (Sitting) Resp.: 20 / min Temp:

CURRENT MEDICATIONS:

ALLERGIES: NO KNOWN ALLERGIES

Met w/ patient while on suicide precautions and conducted follow-up:

S: Patient reports that he does not know how he feels, but at this time denies he is suicidal. Patient states that he is wanting to be placed in a tank by himself with regular clothes and a blanket. Patient states he is ready to move forward with his case.

O: Patient appears depressed during interview. No objective evidence of self-harm.

A: Patient appears appropriate to be discontinued from suicide precautions based on his report and no evidence of self-harm.

P: Upon consulting with provider, T. Ridge, patient to be discontinued from suicide precautions but be placed on crisis stabilization. Recommend appropriate follow-up as scheduled.

Electronically Signed by VARGHESE, JASON T LPC on 09/28/2009.

##And No Others##

Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas
MENTAL HEALTH
Clinic Note Brief

Case 3:15-cv-02197-M-BH Document 24-63 Filed 08/01/16 Page 151 of 250 PageID 6954
Patient Name: GREEN, GARY
Book-in Number: 09073266
Date of Birth: 03/14/1971 Race: B
Date/ Time: 09/25/2009 10:32
Jail Location: Lew Sterrett West Tower, 3P12

Most recent vitals from 09/25/2009: BP: 157 / 109 (Sitting) Wt. Height Pulse: 89 (Sitting) Resp.: 18 / min Temp:

CURRENT MEDICATIONS:

ALLERGIES: NO KNOWN ALLERGIES

Met w/ patient while on suicide precautions and conducted follow-up:

S: Patient reports that he is continuing to have problems with sleep/appetite. Patient states "I don't know how I feel, I feel exhausted."

O: Patient appears with depressed affect, congruent between affect and expression.

A: Patient appears appropriate to remain on suicide precautions given recent suicide attempt.

P: Consulted with provider, T. Ridge, and patient to remain on suicide precautions. Recommend appropriate follow up as scheduled.

Electronically Signed by VARGHESE, JASON T LPC on 09/25/2009.
##And No Others##

Scanned by SMITH, OCTAVIA D in facility Low Sterrett North Tower on 01/20/2010 14:46

2

Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas MEDICATION ORDER FORM COLD & ALLERGY	Patient Name: <u>Green, Gary</u> Book-in Number: <u>09073266</u> Date of Birth: <u>03/14/1971</u> / Race: <u>B</u> Date of Service: <u>01/09/2010 11:59PM</u> Jail Location: <u>Low Sterrett North Tower, 6EO3</u>
---	--

Ordering Provider (PRINT NAME): Esmail Porsa, MD, MPH

Allergies: NO KNOWN ALLERGIES

Choose one pain medication, initial AND SIGN AT THE BOTTOM OF THE PAGE							
Initial	K O P	Drug	Dose	Route	Schedule	Duration- Days (Max 90)	Indication
<u>LB</u>		Motrin	600 mg	By mouth	BID	5 days	Pain
OR							
		Tylenol	650 mg	By mouth	BID	5 days	Pain

Please initial and sign at the bottom of the page							
<u>LB</u>		Benzonatate (Tessalon Perles)	100 mg	By mouth	BID	5 Days	Cough
<u>LB</u>	<u>X</u>	Normal Saline nasal spray	2 puffs	Each nostril	As needed for stuffy/ runny nose	5 Days	Nasal congestion/ runny nose
<u>LB</u>		Loratadine	10 mg	By mouth	Dialy	10 days	Allergy

Nurse Signature: K. Barber RN ID #: 28344 Phone #: _____

Pager Number: _____ Fax Number: _____

*** Please

1 of 1
X  #

Scanned by ALEMAN, STEPHANIE M CMA in facility Low Sterrett West Tower on 10/21/2009 14:37

Z

Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas MEDICATION ORDER FORM COLD & ALLERGY	Patient Name: <u>Green, Gary</u> Book-in Number: <u>09073266</u> Date of Birth: <u>03/14/1971</u> / Race: <u>B</u> Date of Service: <u>10/20/2009 03:36PM</u> Jail Location: <u>Low Sterrett West Tower, 3P12</u>
---	---

Ordering Provider (PRINT NAME): Esmacil Porsa, MD, MPH

Allergies: NO KNOWN ALLERGIES

Initial	K O P	Drug	Dose	Route	Schedule	Duration- Days (Max 90)	Indication
✓	<i>aw</i>	Motrin	600 mg	By mouth	BID	5 days	Pain
OR							
		Tylenol	650 mg	By mouth	BID	5 days	Pain

<i>aw</i>	✓	Benzonatate (Tessalon Perles)	100 mg	By mouth	BID	5 Days	Cough
<i>aw</i>	✓	Normal Saline nasal spray	2 puffs	Each nostril	As needed for stuffy/ runny nose	5 Days	Nasal congestion/ runny nose
<i>aw</i>	✓	Loratadine	10 mg	By mouth	Dialy	10 days	Allergy

Nurse Signature: *[Signature]* ID #: 28210 Phone #: _____

Pager Number: _____ Fax Number: *[Signature]* 10/20/09

*** Please



Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas

Patient Name: GREEN, GARY
Book-in Number: 09073266
Date of Birth: 03/14/1971/Race: B
Date of Service: 10/20/2009 15:35
Jail Location: Lew Sterrett West Tower CELL: 3P12

**NURSING GUIDELINE
COLD & ALLERGY SYMPTOMS**

Current Medical/ Mental Health Conditions:

Mental Health:

Mental Status Exam First Observed 09/23/2009 10:36AM
Psychiatric Evaluation First Observed 09/23/2009 10:36AM
Psychiatric Provider Progress Note First Observed 09/23/2009 10:36AM
Adjustment Disorder With Depressed Mood First Observed 09/24/2009 11:55AM

Not Specified:

Other First Observed 09/22/2009 02:29PM
Evidence-based Suicide Risk Assessment First Observed 09/23/2009 10:59AM

Allergies: NO KNOWN ALLERGIES

Age: 38 Years

SUBJECTIVE:

Duration of symptoms: 3 days

N	Y	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Headache
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nasal congestion
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cough If yes, is it productive of phlegm?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Subjective fever

OBJECTIVE:

Current vital signs: 09/30/2009 BP: 140 / 107 (Sitting) ; P: 87 (Sitting) ; T: 97.6 (Oral) ; R R: 18 / min; W:

N	Y	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	List of all current medications was reviewed.

ASSESSMENT (assess each indicator and check all that apply):

Indications for IMMEDIATE referral to provider:

N	Y	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temperature 101.0> F or greater
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheezing or crackles on auscultation of breath sounds
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rapid respiratory rate > 20/minute
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Oxygen saturation < 92%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pulse > 110
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Systolic blood pressure less than 90
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purulent or bloody sputum/drainage
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Shortness of breath

PLAN:

Cold symptoms WITH any of the above indications for IMMEDIATE referral to provider:

<input type="checkbox"/>	To clinic now
<input type="checkbox"/>	Notify the provider on call (after hours, weekends and holidays). Name of provider notified:

Cold symptoms WITHOUT any of the above indications for IMMEDIATE referral to provider:

<input type="checkbox"/>	For headache/ pain: Ibuprofen 600mg by mouth twice daily for 5 days, may keep on person (KOP)
<input type="checkbox"/>	If allergic to aspirin: Acetaminophen 650 mg by mouth twice daily for 5 days, may KOP

Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas

NURSING GUIDELINE
COLD & ALLERGY SYMPTOMS

Patient Name: GREEN, GARY
 Book-in Number: 09073266
 Date of Birth: 03/14/1971/Race: B
 Date of Service: 10/20/2009 15:35
 Jail Location: Lew Sterrett West Tower CELL: 3P12

<input checked="" type="checkbox"/>	For cough: Benzonatate (Tessalon Perles) 100 mg by mouth twice daily for 5 days, may KOP
<input type="checkbox"/>	For stuffy/ runny nose: Normal saline nasal spray two puffs in each nostril as needed for stuffy/ runny nose, may KOP
<input checked="" type="checkbox"/>	For allergy symptoms: Loratadine (Claritin) 10 mg by mouth daily for 10 days

Self care and patient teaching:

<input checked="" type="checkbox"/>	Take prescribed medications as directed and until finished
<input checked="" type="checkbox"/>	Drink plenty of fluids to maintain adequate hydration to keep secretions from thickening
<input checked="" type="checkbox"/>	Return to clinic or notify medical staff immediately if symptoms change in character or worsen in severity
<input checked="" type="checkbox"/>	Current impression and current treatment discussed with patient
<input checked="" type="checkbox"/>	Patient communicates understanding of the treatment plan including the importance of medication compliance and adherence to diet, exercise and all diagnostic procedures.

Comments:

Electronically Signed by WILLIAMS, OLEVIA M LVN on 10/20/2009.
 ##And No Others##

**NURSING GUIDELINE
HIGH BLOOD PRESSURE**

Age: 39 Years

Current Medical/ Mental Health Conditions:

Mental Health:

Mental Status Exam First Observed 09/23/2009 10:36AM

Psychiatric Evaluation First Observed 09/23/2009 10:36AM

Psychiatric Provider Progress Note First Observed 09/23/2009 10:36AM

Not Specified:

Other First Observed 09/22/2009 02:29PM

Evidence-based Suicide Risk Assessment First Observed 09/23/2009 10:59AM

Allergies: NO KNOWN ALLERGIES

SUBJECTIVE:

N Y

<input checked="" type="checkbox"/>	History of hypertension. If Yes, is it currently being treated with medications:
<input checked="" type="checkbox"/>	History of heart disease
<input checked="" type="checkbox"/>	History of diabetes

OBJECTIVE:

Current vital signs: 04/04/2010 BP: 159 / 105 (Sitting) ; P: 63 (Sitting) ; T: 97.6 (Oral) ; R R: 16 / min; W:

N Y

<input checked="" type="checkbox"/>	List of all current medications was reviewed
-------------------------------------	--

ASSESSMENT (assess each indicator and check all that apply):

Indications for IMMEDIATE referral to provider:

N Y

<input checked="" type="checkbox"/>	Systolic blood pressure > 180 mmHg
<input checked="" type="checkbox"/>	Diastolic blood pressure > 110 mmHg
<input checked="" type="checkbox"/>	New onset of neurological findings (weakness, tingling, slurred speech, black out, etc). Specify:
<input checked="" type="checkbox"/>	Alteration in vision
<input checked="" type="checkbox"/>	Chest pain
<input checked="" type="checkbox"/>	Vertigo
<input checked="" type="checkbox"/>	Altered mental status
<input checked="" type="checkbox"/>	Shortness of breath
<input checked="" type="checkbox"/>	Nausea/ vomiting
<input checked="" type="checkbox"/>	Severe headache
<input checked="" type="checkbox"/>	Nose bleed

PLAN:

High blood pressure WITH any of the above indications for IMMEDIATE referral to provider:

<input type="checkbox"/>	To clinic now
<input type="checkbox"/>	Notify the provider on call (after hours, weekends and holidays). Name of provider notified:

High blood pressure WITHOUT any of the above indications for IMMEDIATE referral to provider:

Systolic blood pressure between 160 and 180, and/ or Diastolic blood pressure between 100 and 110

<input checked="" type="checkbox"/>	Clonidine 0.2 mg by mouth (one time only), Recheck blood pressure in one hour. If no improvement, notify MD on call
<input checked="" type="checkbox"/>	Refer to MD appointment 1 - 3 days and check BP once daily for 7 days or until seen by MD. Appointment date:

Systolic blood pressure between 140 and 159 and/ or Diastolic blood pressure between 90 and 99

Refer to MD appointment 7-14 days	Appointment date:
Check BP once daily for 14 days or until seen by MD	

SELF CARE AND PATIENT TEACHING:

x	Patient advised of the possibility of rebound hypertension with sudden discontinuation of antihypertensive medications
x	Patient advised that antihypertensive drug therapy may cause hypotension presenting as dizziness or weakness which should be reported immediately to the medical staff.
x	Patient advised to rise slowly when rising from a sitting, standing, or lying position
x	Patient advised to take medications as prescribed and know side effects of current prescribed medications
x	Patient advised to abstain from tobacco, caffeine, alcohol, other drugs (cocaine) and was educated on the benefits of diet and weight control
x	Patient advised to keep follow-up appointment as scheduled and do not take any medications without consulting physician
x	Patient advised to notify MD prior to adding any other medication to drug regimen
x	Current impression and current treatment discussed with patient
x	Patient communicates understanding of the treatment plan including the importance of medication compliance and adherence to diet, exercise and all diagnostic procedures

Comments:

Electronically Signed by MAXWELL, BRANNIGAN E RN on 04/04/2010.

##And No Others##

**NURSING GUIDELINE
HIGH BLOOD PRESSURE**

Age: 39 Years

Current Medical/ Mental Health Conditions:

Mental Health:

Mental Status Exam First Observed 09/23/2009 10:36AM

Psychiatric Evaluation First Observed 09/23/2009 10:36AM

Psychiatric Provider Progress Note First Observed 09/23/2009 10:36AM

Not Specified:

Other First Observed 09/22/2009 02:29PM

Evidence-based Suicide Risk Assessment First Observed 09/23/2009 10:59AM

Allergies: NO KNOWN ALLERGIES

SUBJECTIVE:

N Y

<input checked="" type="checkbox"/>	History of hypertension. If Yes, is it currently being treated with medications:
<input checked="" type="checkbox"/>	History of heart disease
<input checked="" type="checkbox"/>	History of diabetes

OBJECTIVE:

Current vital signs: 04/01/2010 BP: 152 / 101 (Sitting) ; P: 81 (Sitting) ; T: 97 (Oral) ; R R: 16 / min; W:

N Y

<input checked="" type="checkbox"/>	List of all current medications was reviewed
-------------------------------------	--

ASSESSMENT (assess each indicator and check all that apply):

Indications for IMMEDIATE referral to provider:

N Y

<input checked="" type="checkbox"/>	Systolic blood pressure > 180 mmHg
<input checked="" type="checkbox"/>	Diastolic blood pressure > 110 mmHg
<input checked="" type="checkbox"/>	New onset of neurological findings (weakness, tingling, slurred speech, black out, etc). Specify:
<input checked="" type="checkbox"/>	Alteration in vision
<input checked="" type="checkbox"/>	Chest pain
<input checked="" type="checkbox"/>	Vertigo
<input checked="" type="checkbox"/>	Altered mental status
<input checked="" type="checkbox"/>	Shortness of breath
<input checked="" type="checkbox"/>	Nausea/ vomiting
<input checked="" type="checkbox"/>	Severe headache
<input checked="" type="checkbox"/>	Nose bleed

PLAN:

High blood pressure WITH any of the above indications for IMMEDIATE referral to provider:

<input type="checkbox"/>	To clinic now
<input type="checkbox"/>	Notify the provider on call (after hours, weekends and holidays). Name of provider notified:

High blood pressure WITHOUT any of the above indications for IMMEDIATE referral to provider:

Systolic blood pressure between 160 and 180, and/ or Diastolic blood pressure between 100 and 110

<input checked="" type="checkbox"/>	Clonidine 0.2 mg by mouth (one time only), Recheck blood pressure in one hour. If no improvement, notify MD on call
<input type="checkbox"/>	Refer to MD appointment 1 - 3 days and check BP once daily for 7 days or until seen by MD. Appointment date:

Systolic blood pressure between 140 and 159 and/ or Diastolic blood pressure between 90 and 99

Refer to MD appointment 7-14 days	Appointment date:
Check BP once daily for 14 days or until seen by MD	

SELF CARE AND PATIENT TEACHING:

<input checked="" type="checkbox"/>	Patient advised of the possibility of rebound hypertension with sudden discontinuation of antihypertensive medications
<input checked="" type="checkbox"/>	Patient advised that antihypertensive drug therapy may cause hypotension presenting as dizziness or weakness which should be reported immediately to the medical staff.
<input checked="" type="checkbox"/>	Patient advised to rise slowly when rising from a sitting, standing, or lying position
<input checked="" type="checkbox"/>	Patient advised to take medications as prescribed and know side effects of current prescribed medications
<input checked="" type="checkbox"/>	Patient advised to abstain from tobacco, caffeine, alcohol, other drugs (cocaine) and was educated on the benefits of diet and weight control
<input checked="" type="checkbox"/>	Patient advised to keep follow-up appointment as scheduled and do not take any medications without consulting physician
<input checked="" type="checkbox"/>	Patient advised to notify MD prior to adding any other medication to drug regimen
<input checked="" type="checkbox"/>	Current impression and current treatment discussed with patient
<input checked="" type="checkbox"/>	Patient communicates understanding of the treatment plan including the importance of medication compliance and adherence to diet, exercise and all diagnostic procedures

Comments: Pt seen by provider this AM. Will continue to monitor B/P.

Electronically Signed by KING, TINA M LVN on 04/01/2010.

##And No Others##

Nurse Note

Last Vitals: 04/21/2010 138 / 98 (Sitting) 71 (Sitting) 20 / min 97.1 (Oral)

3E03 not in accuflo. Pt was administered scheduled pm dose of clonidine 0.2mg PO X 1 as prescribed.

Electronically Signed by PATIL, HIMANSHU E LVN on 04/24/2010.
##And No Others##

Nurse Note

Last Vitals: 04/21/2010 138 / 98 (Sitting) 71 (Sitting) 20 / min 97.1 (Oral)

Accuflo^w not showing 3e 03. Pt was administered pm dose of clonidine 0.2mg po x 1 as perescribed.

Electronically Signed by PATIL, HIMANSHU E LVN on 04/23/2010.

##And No Others##

Acceptance Note - Nursing

odan Vitals (add in Vitals Section of EMR to show here) :

8/12/08 159 / 112 (Sitting) 64 (Sitting) 20 / min 98.1 (Oral)

Rece

llergies (add in Allergies section of EMR to show here) : NO KNOWN ALLERGIES

received patient from: CI

review of Transfer Documents (Reason for transfer, treatment received from transferring area): yes

ist Primary Medical Condition (Reason for visit): Heroin abuse

ist all Medical Problems: HTN, Heroin abuse

ssessment of all Medical Problems (Elaborate on each condition): Pt. A&ox3, Resp. unlabored. Pt. said he has histoty of htm.for 10 yrs.
akes no hypertensive med. Smokes Marijuana all his life. Shows no s/s of detox.

urrent and New Medications: Hctz, 25 mg. po, 0.2mg. clonidine

atient's Condition (enter an X in the box below):

Stable

Unstable :

otified Provider (Name of Provider, Orders Received -Read Back of Orders Required):

reatment provided Now: Medication order already written at CI by JOn Sunde PA.

isposition (enter an X in the box below):

Tank 3mw02

by :

Transfer to :

Holdover

ollow-up Plan: vs bid x 5 d f/u Provider 2-3 days

Patient Education on Plan of care, Follow up; Current medications, Access of care, all questions addressed, Patient verbalized understanding.

ace Orders Below (vitals, Finger stick Blood sugars, wound care, referrals and appointments):

ocedures Ordered:

VITAL SIGNS SERIES REQUEST:	hypertension
VITAL SIGNS SERIES REQUEST:	hypertension
VITAL SIGNS SERIES REQUEST:	hypertension
VITAL SIGNS SERIES REQUEST:	hypertension
VITAL SIGNS SERIES REQUEST:	hypertension
VITAL SIGNS SERIES REQUEST:	hypertension
VITAL SIGNS SERIES REQUEST:	hypertension
VITAL SIGNS SERIES REQUEST:	hypertension
VITAL SIGNS SERIES REQUEST:	hypertension

ocedures Ordered:

RETURN TO CLINIC MEDICAL REQUEST:	hypertension , opioid abuse
RETURN TO CLINIC MEDICAL REQUEST:	hypertension , opioid abuse

Rx: GREEN, GARY
MRN: 09073266
3E01,

05/04/2010

Phone:

Birth: 03/14/1971

SSN: 465479293

HYDROCORTISON OIN 1% APPLICS

Sig: 1 APPLICS TOPICAL TWICE DAILY
KOP

Disp. #: 20 APPLICS Refills: None
Allow Generic - No product selection indicated

Prescription Electronically Signed
by MUHAMMAD AZEEM, MD

Rx: GREEN, GARY

MRN: 09073266

04/20/2010

3E01,

Phone:

Birth: 03/14/1971

SSN: 465479293

CLONIDINE TAB .2 MG 0.2MG TABS

Sig: 1 TABS ORAL TWICE DAILY

Disp. #: 360 TABS

Refills: None

Allow Generic - No product selection indicated

Prescription Electronically Signed
by MUHAMMAD AZEEM, MD

Rx: GREEN, GARY
MRN: 09073266
3E01,

03/17/2010

Phone:

Birth: 03/14/1971

SSN: 465479293

DISCONTINUE MEDICATION EA

Sig: 1 EA MISC. SUPPLIES ONCE

DISCONTINUE REMERON AND HYDROXYZINE

Disp. #: 3 EA Refills: None

Allow Generic - No product selection indicated

PAROXETINE HCL TAB 2 20MG TABS

Sig: 1 TABS ORAL DAILY

Disp. #: 14 TABS Refills: None

Allow Generic - No product selection indicated

Prescription Electronically

Signed

by GODWIN O. ADAMS, PA

Rx: GREEN, GARY

MRN: 09073266

03/17/2010

3E01,

Phone:

Birth: 03/14/1971

SSN: 465479293

PAROXETINE HCL TAB 4 40MG TABS

Sig: 1 TABS ORAL DAILY

ADVANCE PAXIL TO 40MG ON APRIL 01/2010 XXXXXXXXXXXXX

Disp. #: 180 TABS

Refills: None

Allow Generic - No product selection indicated

Prescription Electronically Signed
by GODWIN O. ADAMS, PA

Rx: GREEN, GARY
MRN: 09073266
3E01,

03/02/2010

Phone:

Birth: 03/14/1971

SSN: 465479293

NORVASC TAB 10 MG 10MG TABS

Sig: 1 TABS ORAL DAILY

Disp. #: 180 TABS Refills: None
Allow Generic - No product selection indicated

BIAXIN TAB 250 MG 250MG TABS

Sig: 1 TABS ORAL EVERY 12 HOURS

Disp. #: 14 TABS Refills: None
Allow Generic - No product selection indicated

Prescription Electronically Signed
by MUHAMMAD AZEEM, MD

Rx: GREEN, GARY
 MRN: 09073266 03/02/2010
 3E01,
 Phone: Birth: 03/14/1971 SSN: 465479293

GUIATUSS DM SYR 100-10/5ML ML
 Sig: 1 ML ORAL TWICE DAILY
 Disp. #: 14 BT Refills: None
 Allow Generic - No product selection indicated

Prescription Electronically Signed
 by MUHAMMAD AZEEM, MD

Rx: GREEN, GARY

MRN: 09073266

02/23/2010

3E01,

Phone:

Birth: 03/14/1971

SSN: 465479293

LORATADINE 10 MG TAB 10MG TABS

Sig: 1 TABS ORAL(po) DAILY

Disp. #: 14 TABS

Refills: None

Allow Generic - No product selection indicated

Prescription Electronically Signed
by KATHRYN M. FLANGIN, MD

Rx: GREEN, GARY
MRN: 09073266 02/04/2010
3E01,
Phone: Birth: 03/14/1971 SSN: 465479293

MIRTAZAPINE TAB 30 M 30MG TABS
Sig: 1 TABS ORAL AT BEDTIME
Disp. #: 180 TABS Refills: None
Allow Generic - No product selection indicated

HYDROXYZINE TAB 50 50MG TABS
Sig: 1 TABS ORAL EVERY EVENING
Disp. #: 180 TABS Refills: None
Allow Generic - No product selection indicated

Prescription Electronically Signed
by MARVIN C. COTTEN, PA

Rx: GREEN, GARY
MRN: 09073266
3E01,

01/13/2010

Phone:

Birth: 03/14/1971

SSN: 465479293

AUGMENTIN TAB 875-125MG TABS

Sig: 1 TABS ORAL EVERY 12 HOURS

Disp. #: 20 TABS Refills: None

Allow Generic - No product selection indicated

Prescription Electronically Signed
by KATHRYN M. FLANGIN, MD

Rx: GREEN, GARY
MRN: 09073266 11/03/2009
Address: 111 COMMERCE
DALLAS, TX 77705
Phone: Birth: 03/14/1971 SSN: 465479293

LISINOPRIL TAB 20 M 20MG TABS
Sig: 1 TABS ORAL TWICE DAILY
Disp. #: 180 TABS Refills: None
Allow Generic - No product selection indicated

Prescription Electronically Signed
by KIRAN KHURANA, MD

DALLAS COUNTY JAIL HEALTH

Name **GREEN, GARY** Bookin # **08062551** LOC **24-83** Sterrett North Tower Page 174 of 250 PageID 6977

Psychiatric Assessment

BI Date: **9/25/08**

DOB: **03/14/1971** Age: **37 Years** Sex: **Male** Race: **B**

Arrest () A () O Marital Status: _____

LAI #: _____ TDCJ# _____

Referred by	<input checked="" type="checkbox"/> CI	<input type="checkbox"/> Kite	<input type="checkbox"/> Officers	<input type="checkbox"/> Medical	<input type="checkbox"/> Family	<input type="checkbox"/> Atty/Judge	<input type="checkbox"/> Other
Charges:						P/V?	Yes No

Presenting Problem:

DENIED MHX , LOGICAL PT DOES NOT APPEAR TO BE IN DISTRESS AT THIS TIME.

Psychiatric History

Ever seen a psychiatrist?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes:	Age at first visit	Diagnosis:			
Hospitalizations (where/dates):	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Involuntary Commitment:	<input type="checkbox"/> Terrell	<input type="checkbox"/> Vernon	<input type="checkbox"/> Rusk	<input type="checkbox"/> Other	
		Voluntary:					

On disability (SSI or SSDI) for psych?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes					
Psych treatment at TDC or State Jail?	<input checked="" type="checkbox"/> No	Outpatient treatment:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, details:			
Date of last app:	Currently in treatment?		<input type="checkbox"/> NO	<input type="checkbox"/> YES			
Provider:	<input type="checkbox"/> Metrocare (clinic)	<input type="checkbox"/> VA	<input type="checkbox"/> ABC	<input type="checkbox"/> Telecare	<input type="checkbox"/> Parkland	<input type="checkbox"/> Adapt	<input type="checkbox"/> Lifenet
	Doctor(name/phone#)					Other	

Psychiatric symptoms prior incarceration	Psychiatric symptoms since to incarceration
<input type="radio"/>	None <input checked="" type="checkbox"/>
Irritability/anger	Irritability/anger
Sleep disturbance	Sleep disturbance
Appetite/wt change	Appetite/wt change
Depressed mood	Depressed mood
Too much energy	Too much energy
Mood swings	Mood swings
Anxiety	Anxiety
Racing thoughts	Racing thoughts
Poor memory/ concentration	Poor memory/ concentration
<input type="radio"/>	Other:
Other:	

DALLAS COUNTY JAIL HEALTH

Name **GREEN, GARY** Book # **0806255** Doc # **24-63** Filed **08/01/16** Page 175 of 250 PageID 6978

Psychotic Symptoms:

When not using drugs or alcohol, ever had hallucinations?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, were they	<input type="checkbox"/> Auditory	<input type="checkbox"/> Visual
Other	When did they last occur?	
What did you see/hear?		
When not using alcohol or drugs, have you ever felt paranoid for no reason?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Current hallucinations or paranoia?	<input checked="" type="checkbox"/> No	Yes, specify

Mania Symptoms: When not using drugs/alcohol, have you ever:

gone days with little/no sleep and didn't feel terribly tired?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
had periods when you couldn't control your impulsiveness and were using poor judgement?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
started more projects than you could finish?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
had periods when you couldn't control your spending, sexual appetite, speeding in the car?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
persistent elevated, expansive, or irritable mood, lasting at least 1 week?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

Biological Family HX of Mental Illness:

Maternal side:	<input type="checkbox"/> Unk	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Paternal side:	<input type="checkbox"/> Unk	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Siblings:	<input type="checkbox"/> Unk	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Children:	<input type="checkbox"/> Unk	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Details:							

Psychiatric Medication History (2000 → current) at UTMB-CMC per psychiatric database:

Dates of Treatment	Medications
<input type="checkbox"/>	

Current Psychotropic Medications

Name of medication	# Milligrams	# Times per day	How long taken?	Last day taken
NONE				

Past medications which worked: _____

Past meds which failed & why: _____

Trauma History:

History of neglect or emotional abuse as a child?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
History of physical abuse as a child?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
History of domestic violence as an adult?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Details:		

Sexual abuse history?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, as a	<input type="checkbox"/> Child	<input type="checkbox"/> Adult
Perpetrator:	<input type="checkbox"/> Relative	<input type="checkbox"/> Acquaintance	<input type="checkbox"/> Stranger		
Details:					

Any current PTSD symptoms?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes,	<input type="checkbox"/> Nightmares	<input type="checkbox"/> Flashbacks
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DALLAS COUNTY JAIL HEALTH

Name **GREEN, GARY** Booking # **08062351** DOC **How Sterrett North Tower** Page 176 of 250 PageID 6979

Other:

Suicide Risk Assessment

Current suicidal ideation?	<input type="checkbox"/>	Intent	<input type="checkbox"/>	Specific Plan	<input type="checkbox"/>	Specify:	<input type="checkbox"/>	
Current homicidal ideation?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Thoughts	<input type="checkbox"/>	Intent	Specific Plan, what?	
Past suicide attempts?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes:	# of attempts:	Age @ first:	@ most recent:	
Method(s)								
Family history of suicide?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes	If yes, who/when:			<input type="checkbox"/>
Recent trauma or loss?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes	If yes, give details:			<input type="checkbox"/>

Substance Abuse History:

Age first used alcohol:	<input type="checkbox"/>	N/A	Age first used drugs:	<input type="checkbox"/>	N/A
Drugs used in past:	<input type="checkbox"/>	MJ	<input type="checkbox"/>	Powder Cocaine	<input type="checkbox"/>
	<input type="checkbox"/>	LSD/PCP	<input type="checkbox"/>	Benzos	<input type="checkbox"/>
	<input type="checkbox"/>	Designer drugs (i.e. Ecstasy)	<input type="checkbox"/>	Wac/Water	<input type="checkbox"/>

Addicted/dependent?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes, to what?	<input type="checkbox"/>
Substances Used Recently	<input type="checkbox"/>	Route	<input type="checkbox"/>	Amount	<input type="checkbox"/>
DRUGS- NONE	<input type="checkbox"/>				
ETOH- NONE	<input type="checkbox"/>				

Past drug treatment?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes:	AA/NA	Wilmer	SAFPF	Nexus	Sal Army	VA
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Medical History/Problems:

Drug allergies?	<input checked="" type="checkbox"/>	NKDA	<input type="checkbox"/>	Yes:	<input type="checkbox"/>
FEMALES: Possibly pregnant?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	NO	LMP:
History of head injuries?	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	Yes:	# of injuries
If yes, did any cause a loss of consciousness?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes	If yes, were you in a coma?
Current medical problems:	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	HTN	Asthma
	<input type="checkbox"/>	Migraines	<input type="checkbox"/>	Hypothyroid	<input type="checkbox"/>
	<input type="checkbox"/>	Hyperthyroid	<input type="checkbox"/>	HIV+	Arthritis
	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	TB	Hep A
	<input type="checkbox"/>	Hep B	<input type="checkbox"/>	Hep C	

Current medications:

Psychosocial History:

Last grade of school completed	<input type="checkbox"/>	GED	Last job	<input type="checkbox"/>
Military History:	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Yes
Number of times previously incarcerated:	<input type="checkbox"/>	NA/First time	<input type="checkbox"/>	Jail:
After leaving DCJ, will you be	<input type="checkbox"/>	incarcerated	<input checked="" type="checkbox"/>	In the community, where:
	<input type="checkbox"/>	homeless	<input type="checkbox"/>	house/apartment

Mental Status Observation:

Appearance:	<input checked="" type="checkbox"/>	Neat	<input type="checkbox"/>	Dirty	<input type="checkbox"/>	Disheveled	<input type="checkbox"/>	Naked by choice	<input type="checkbox"/>
Attitude:	<input checked="" type="checkbox"/>	Cooperative	<input type="checkbox"/>	Uncooperative	<input type="checkbox"/>	Hostile	<input type="checkbox"/>	Guarded	<input type="checkbox"/>
Speech:	<input checked="" type="checkbox"/>	Normal	<input type="checkbox"/>	Pressured	<input type="checkbox"/>	Slurred	<input type="checkbox"/>	Hesitant	<input type="checkbox"/>
Affect:	<input checked="" type="checkbox"/>	Appropriate	<input type="checkbox"/>	Labile	<input type="checkbox"/>	Flat	<input type="checkbox"/>	Cheerful	<input type="checkbox"/>
Mood:	<input checked="" type="checkbox"/>	Euthymic	<input type="checkbox"/>	Dysphoric	<input type="checkbox"/>	Depressed	<input type="checkbox"/>	Euphoric	<input type="checkbox"/>

DALLAS COUNTY JAIL HEALTHName **GREEN, GARY** Book # **08062551** Loc **1463** Ste **First North Tower** Page 177 of 250 PageID 6980

Thought :	X	Normal		Delusional		LOA		Paranoid		Circumstantial		Tangential
Motor Activity:	X	Normal		Psychomotor agitation				Psychomotor retardation				Tics/TD/EP S

Signed Consents for Release of Information:

<input type="checkbox"/>	DOES NOT CONSENT FOR ANY RELEASE OF INFORMATION
<input type="checkbox"/>	Outpatient Provider (specify)
<input type="checkbox"/>	Court Referral Form
<input type="checkbox"/>	Family/friends, (specify)

COMMENTS: _____

DALLAS COUNTY JAIL HEALTH

Name **GREEN, GARY** Booking # **03062551** Doc Lev Sterr # **0010** Filed **08/10/08** Page 178 of 250 PageID 6981

Evaluator's Assessment and Treatment Plan

Assessment:

Patient history of:	Mental Illness	Suicide attempt	Family history of:	Mental Illness	Suicide
Substance Use:	None	Social	Abuse	Dependence	

Previous Axis I diagnosis:	Bipolar	MDD	Schizophrenia	Schizoaffective	Anxiety DO
	PTSD	OCD	ADHD	Other	

Plan of Action:

Housing:	Needs safety of psychiatric housing due to:	Appears to be imminently dangerous to self/others
	Marked deterioration in functioning	Will function better in psychiatric housing
	Exhibiting severe agitation or anxiety	
Transfer to Behavioral Observation:	Closed	Open
OK for General Population.	Does not appear to need to be housed in Behavioral Observation.	
Legal:	Refer for competency evaluation	Court referral for treatment

Psychiatric Treatment:

<input type="checkbox"/>	Refer to psychiatrist
<input type="checkbox"/>	Needs referral to a psychiatrist, but refuses services.
<input type="checkbox"/>	Thoughts of hurting self or others
<input type="checkbox"/>	Personal/family history of suicide attempts and/or recent suicide attempt
<input type="checkbox"/>	History of chronic and severe mental illness
<input type="checkbox"/>	Psychosis
<input type="checkbox"/>	Current symptomology of a severe mental illness (MDD, Bipolar, Schizophrenia, Schizoaffective)
<input type="checkbox"/>	Currently compliant with psychotropic medications and wants them continued
<input type="checkbox"/>	Severe agitation, aggression, or combativeness
<input checked="" type="checkbox"/>	No follow-up by psychiatric department at this time
<input type="checkbox"/>	Refuses services or has no need for services
<input type="checkbox"/>	Does not appear to have a chronic and severe major mental illness
<input type="checkbox"/>	Reports symptomology which can be addressed post release (i.e, anxiety, insomnia)
<input type="checkbox"/>	Mild symptomology and non-compliance with free world treatment/prescribed medications
<input type="checkbox"/>	Adjustment Disorder only

Other Referrals:

<input type="checkbox"/>	Sheriff's Department Chemical Dependency Program
<input type="checkbox"/>	Primary diagnosis is substance abuse or dependence

Electronically Signed by AVERHEART, YVONNE R SWA on 09/25/2008.

##And No Others##

Age: 39 Years

Last vital signs: 03/09/2010; BP: 149 / 102 (Sitting) ; P: 91 (Sitting) ; R: 18 / min; T: 97 (Oral)

Current Vital signs: 03/16/2010, BP: 145 / 100 (Sitting) ; P: 83 (Sitting) ; R: 20 / min; T: 97.4 (Oral) Wt. Height

Allergies: NO KNOWN ALLERGIES

Medications:

DROXYZINE TAB 50 50MG TABS, 1 TABS ORAL QPM
LISINAPRIL TAB 20 M 20MG TABS, 1 TABS ORAL BID
MERTAZAPINE TAB 30 M 30MG TABS, 1 TABS ORAL QHS
SERVASC TAB 10 MG 10MG TABS, 1 TABS ORAL DAILY

Mental Health:

Mental Status Exam First Observed 09/23/2009 10:36AM

Psychiatric Evaluation First Observed 09/23/2009 10:36AM

Psychiatric Provider Progress Note First Observed 09/23/2009 10:36AM

Adjustment Disorder With Depressed Mood First Observed 09/24/2009 11:55AM

Specified:

Other First Observed 09/22/2009 02:29PM

Evidence-based Suicide Risk Assessment First Observed 09/23/2009 10:59AM

PSYCHIATRIC PROVIDER PROGRESS NOTE

Subjective Report: Per client, he is still depressed and says remeron does not help his depression or sleep. "I could feel the difference with the other pill the stopped" and says he is still very worried about his situation. Denied si/hi. Says he is sad, hopeless, poor sleep, poor concentration, so-so energy, high appetite and think he is gaining weight on remeron. Denied symptoms of psychosis or mania. Says he is satisfied with his capital murder charge.

Objective Report: NAD! Alert and oriented. Calm, cooperative, slow psychomotor, depressed mood, normal thought pattern, normal attitude and no sign of psychosis or mania. This client already weight 180 pounds at 6'2". Current meds med combo is apparently not helping his weight.

Reason For Evaluation

- Regular Follow-Up

Location Of Evaluation

- Interview Room

Patient Primary Language

- English

Patient Preferred Language

- English

Sources Of Information/Reliability

- Patient
 - Good
- Prior Record
 - Good

Core Symptoms Scores (Rating From 1-10)

- Mania
 - Score = 0
- Depression
 - Score = 7
- Positive Symptoms Of Schizophrenia Score = 0
- Negative Symptoms Of Schizophrenia Score = 0
- Other Symptoms
 - Irritability
 - Score = 0
 - Mood Lability
 - Score = 0
 - Agitation
 - Score = 0
 - Anxiety
 - Score = 8
 - Level Of Interest
 - Score = 7
 - Energy Level
 - Score = 3
 - Insomnia
 - Score = 5

Suicidal Risk Assessment

- Patient Denies He/She Is Suicidal.

Homicidal Risk Assessment

- Patient Denies He/She Is Homicidal

Labs Reviewed

- Reviewed.

Assessment: Client seem in depressed mood. See objective above. Plan is to D/C remeron and rax and to start Paxil. Sleep and exercised education discussed with client.

Treatment/Management Plan

- Medication Review
 - Patient Is Compliant W/ Medications
 - Yes
 - Side Effects Reported
 - None Reported
 - Medication Response
 - Partial Response
 - Medications Changed
 - Yes

MENTAL HEALTH

Psychiatric Provider Progress
NotePatient Name: GREEN, GARYBook-in Number: 09073266Date of Birth: 03/14/1971 Race: BDate/ Time: 03/17/2010 07:22Jail Location: Lew Sterrett North Tower, 3EO3

- Paper Order To Be Provided
- Rationale To Change Medications
 - Insufficient Improvement
 - Other
- A.I.M.S.
 - Total Score = 0
- Diagnosis
 - There Are No Changes To Patient Diagnosis At This Time
 - Axis 5: 55
- Patient Education
 - Patient Provided Education About Risk/Benefit Of Medications
 - Yes
 - Plan Of Care, Follow-Up, Access To Care And Any Other Questions Addressed
 - Yes
 - Patient Verbalized Understanding And Agreed
 - Yes
- Follow-Up
 - Plan:
 - Scheduled Appointment In E.M.R.

Procedures Ordered:

MENTAL HEALTH PROVIDER VISIT - FOLLOWUP: hypertension , adjustment disorder with depressed mood, depressive disorder nos

Ordered Meds:

DISCONTINUE MEDICATION EA 00000000000 03/17/2010 07:39

1 EA MISC. SUPP ONCE

Special Instructions: Discontinue Remeron And Hydroxyzine

STOP DATE: 03/20/2010 07:39

REFILLS: 0

PAROXETINE HCL TAB 2 20MG TABS 49884087711 03/17/2010 07:40

1 TABS ORAL DAILY

STOP DATE: 03/31/2010 07:40

REFILLS:

PAROXETINE HCL TAB 4 40MG TABS 49884087911 04/01/2010 07:40

1 TABS ORAL DAILY

Special Instructions: Advance Paxil To 40mg On April 01/2010 XXXXXXXXXXXXX

STOP DATE:

REFILLS:

Ordered Meds:

HYDROXYZINE TAB 50 50MG TABS 50111030903 02/04/2010 15:36

1 TABS ORAL QPM

STOP DATE:

REFILLS:

MIRTAZAPINE TAB 30 M 30MG TABS 51079008720 02/04/2010 15:35

1 TABS ORAL QHS

STOP DATE:

REFILLS:

Electronically Signed by ADAMS, GODWIN O PA on 03/17/2010.

##And No Others##

Psychiatric Provider Progress
NotePatient Name: GREEN, GARYBook-in Number: 09073266Date of Birth: 03/14/1971 Race: BDate/ Time: 09/30/2009 11:26Jail Location: Low Sterrett West Tower, 3P12Age: 38 YearsLast vital signs: 09/30/2009; BP: 150 / 117 (Sitting) ; P: 102 (Sitting) ; R: 18 / min; T:Current Vital signs: 09/30/2009, BP: 140 / 107 (Sitting) ; P: 87 (Sitting) ; R: 16 / min; T: 97.6 (Oral) Wt. HeightAllergies: NO KNOWN ALLERGIES

Medications:

Current/Active Problem:

Mental Health:

*Mental Status Exam First Observed 09/23/2009 10:36AM**Psychiatric Evaluation First Observed 09/23/2009 10:36AM**Psychiatric Provider Progress Note First Observed 09/23/2009 10:36AM**Adjustment Disorder With Depressed Mood First Observed 09/24/2009 11:55AM*

Suicidal:

*Other First Observed 09/22/2009 02:29PM**Evidence-based Suicide Risk Assessment First Observed 09/23/2009 10:59AM*

Subjective:

went to a preliminary hearing...it might be 15 months before trial..."

reports he has accepted that he will be in jail for an extended stay until legal

issues are resolved. Would like to move somewhere in jail where he can have a

normal life as much as possible. Pt agreed to transfer to 8 man obo. Will continue

eds. No SI No plan.

PSYCHIATRIC PROVIDER PROGRESS NOTE

Reason For Evaluation

- Regular Follow-Up

Location Of Evaluation

- Day Room

Patient Primary Language

- English

Patient Preferred Language

- English

Sources Of Information/Reliability

- Patient
 - Good
- Prior Record
 - Good

MENTAL HEALTH

**Psychiatric Provider Progress
Note**

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 Race: B

Date/ Time: 09/30/2009 11:26

Jail Location: Low Sterrett West Tower, 3P12

Core Symptoms Scores (Rating From 1-10)

- Mania
 - Score = 0
- Depression
 - Score = 3
- Other Symptoms
 - Irritability
 - Score = 0
 - Mood Lability
 - Score = 0
 - Agitation
 - Score = 0
 - Anxiety
 - Score = 0

Suicidal Risk Assessment

- Patient Denies He/She Is Suicidal.

Homicidal Risk Assessment

- Patient Denies He/She Is Homicidal

Treatment/Management Plan

- Medication Review
 - Patient Is Compliant W/ Medications
 - Yes
 - Side Effects Reported
 - None Reported
 - Medication Response
 - Minimal Response
 - Medications Changed
 - No
- A.I.M.S.
 - Total Score = 0
- Diagnosis
 - There Are No Changes To Patient Diagnosis At This Time
- Transfer Orders
 - Lower Level Of Care
 - 8 Man OBO
- Patient Education
 - Patient Provided Education About Risk/Benefit Of Medications
 - Yes
 - Plan Of Care, Follow-Up, Access To Care And Any Other Questions Addressed
 - Yes
 - Patient Verbalized Understanding And Agreed
 - Yes
- Follow-Up
 - Plan:
 - Scheduled Appointment In E.M.R.

Assessment:

Axis I	Adjustment D/O with Depressed Mood
Axis II	
Axis III	HTN S/P OD on APAP/Diphenhydramine OTC
Axis IV	Legal/Incarceration
Axis V: GAF-	35

Assessing:

Suicide Precautions	
Crisis Stabilization	discontinue
Closed Behavioral Observation	
Man Open Behavioral Observation	x
Open Behavioral Observation	
General Population	
Quarantary	

Laboratory/Radiology/Diagnostics:

BC with Differential	
MP	
MP	
Hepatic Panel/LFT's	
SH	
PA/Depakote Level	
Lithium Level	
Valproate/Carbamazepine Level	
HbA1c	
IV	
PR	
Urids	
A	
Urinary:	
Other Lab/Diagnostic:	

Dispositions:

MENTAL HEALTH

Psychiatric Provider Progress
Note

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 Race: B

Date/ Time: 09/30/2009 11:26

Jail Location: Low Sterrett West Tower, 3P12

Patient Teaching:

Medications	
Laboratory/Diagnostics	
Treatment Plan	x
Discharge Planning	
Substance Abuse	
After Care	

Test Records From:

Return to Clinic in:

One day	
Weeks	x
One Month	

Electronically Signed by RIDGE, TODD A NP on 09/30/2009.
##And No Others##

Psychiatric Provider Progress
NoteAge: 38 YearsLast vital signs: 09/26/2009; BP: 171 / 114 (Sitting) ; P: 114 (Sitting) ; R: 20 / min; T:Current Vital signs: 09/28/2009, BP: 183 / 118 (Sitting) ; P: 110 (Sitting) ; R: 18 / min; T: Wt. HeightAllergies: NO KNOWN ALLERGIES

Medications:

Current/Active Problem:

Mental Health:

*Mental Status Exam First Observed 09/23/2009 10:36AM**Psychiatric Evaluation First Observed 09/23/2009 10:36AM**Psychiatric Provider Progress Note First Observed 09/23/2009 10:36AM**Adjustment Disorder With Depressed Mood First Observed 09/24/2009 11:55AM*

Last Sighted:

*Other First Observed 09/22/2009 02:29PM**Evidence-based Suicide Risk Assessment First Observed 09/23/2009 10:59AM*

Subjective:

I was never part of the crowd" "I'm antisocial..." "I isolated myself"I took antidepressants at Timberlawn" "I was referred to metrocare and they werehelping me with the social security paperwork..."feels depressed Going to court this am Plans on taking things day to day

PSYCHIATRIC PROVIDER PROGRESS NOTE

Reason For Evaluation

- Regular Follow-Up

Location Of Evaluation

- Day Room

Patient Primary Language

- English

Patient Preferred Language

- English

Sources Of Information/Reliability

- Patient

- Good

- Prior Record

- Good

Core Symptoms Scores (Rating From 1-10)

**Psychiatric Provider Progress
Note**

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 Race: B

Date/ Time: 09/29/2009 09:49

Jail Location: Lew Sterrett West Tower, 3P12

- Mania
 - Score = 0
- Depression
 - Score = 4
- Other Symptoms
 - Irritability
 - Score = 0
 - Mood Lability
 - Score = 0
 - Agitation
 - Score = 0
 - Anxiety
 - Score = 0

Suicidal Risk Assessment

- Patient Denies He/She Is Suicidal.

Homicidal Risk Assessment

- Patient Denies He/She Is Homicidal

Treatment/Management Plan

- Medication Review
 - Patient Is Compliant W/ Medications
 - Yes
 - Side Effects Reported
 - None Reported
 - Medication Response
 - Minimal Response
 - Medications Changed
 - Yes
 - Paper Order To Be Provided
 - Rationale To Change Medications
 - Patient Preference
- A.I.M.S.
 - Total Score = 0
- Diagnosis
 - There Are No Changes To Patient Diagnosis At This Time
- Transfer Orders
 - Lower Level Of Care
 - Crisis Stabilization Program
- Patient Education
 - Patient Provided Education About Risk/Benefit Of Medications
 - Yes
 - Plan Of Care, Follow-Up, Access To Care And Any Other Questions Addressed
 - Yes
 - Patient Verbalized Understanding And Agreed
 - Yes
- Follow-Up

Book-in Number: 09073266Date of Birth: 03/14/1971 Race: BDate/ Time: 09/29/2009 09:49Jail Location: Low Sterrett West Tower, 3P12

- Plan:

- Scheduled Appointment In E.M.R.

Assessment:

Axis I	Adjustment D/O with Depressed Mood
Axis II	
Axis III	HTN S/P OD on APAP/Diphenhydramine OTC
Axis IV	Legal/Incarceration
Axis V: GAF-	35

Medication:

Precautions	
Stabilization	x
Behavioral Observation	
Man Open Behavioral Observation	
Open Behavioral Observation	
General Population	
Primary	

Laboratory/Radiology/Diagnostics:

BC with Differential	
MP	
MP	
Hepatic Panel/LFT's	
SH	
PA/Depakote Level	
lithium Level	
egretol/Carbamazepine Level	
gA1c	
IV	
PR	
pids	
A	
ray	
heab/Diagnostic:	

Recommendations:

crease Remeron	15mg po QPM x 90 days
art Celexa	20mg po QAM x 5 days then

Patient Name: GREEN, GARYBook-in Number: 09073266Date of Birth: 03/14/1971 Race: BDate/ Time: 09/29/2009 09:49Jail Location: Lew Sterrett West Tower, 3P12

lelexa	40mg po QAM x 90 days

Patient Teaching:

Medications	<input checked="" type="checkbox"/>
Laboratory/Diagnostics	
Treatment Plan	<input checked="" type="checkbox"/>
Discharge Planning	
Substance Abuse	
After Care	

Patient Education provided on the initiation and continuation of antidepressant medication. Patient agreed to be monitored and self-report to the health care team any episodes of agitation, irritability, other changes in behavior and suicidality. Patient educated on the importance of medication compliance and the need to communicate with health care providers any change in behavior or feelings of suicide. Patient education with the risk for bipolar disorder and any possible adverse effects comes with the use of antidepressant medication provided. Reviewed the side-effects and risks of anti-depressant medications, including priapism and other sexual side-effects.

Patient Records From:

Return to Clinic in:

One day	<input checked="" type="checkbox"/>
Week	
Weeks	
One Month	

Electronically Signed by RIDGE, TODD A NP on 09/29/2009.

##And No Others##

Age: 38 Years

Most vital signs: 09/25/2009; BP: 157 / 109 (Sitting) ; P: 89 (Sitting) ; R: 18 / min; T:

Current Vital signs: 09/26/2009, BP: 171 / 114 (Sitting) ; P: 114 (Sitting) ; R: 20 / min; T: Wt. Height

Allergies: NO KNOWN ALLERGIES

Medications:

Current/Active Problem:

Mental Health:

Mental Status Exam First Observed 09/23/2009 10:36AM

Psychiatric Evaluation First Observed 09/23/2009 10:36AM

Psychiatric Provider Progress Note First Observed 09/23/2009 10:36AM

Not Specified:

Other First Observed 09/22/2009 02:29PM

Evidence-based Suicide Risk Assessment First Observed 09/23/2009 10:59AM

Subjective: States "media" is not telling the true story about him.

"I'm not suicidal" "I want this thing to just end..." Ruminates about possible

Outcome of legal issues. Denies SI, but is resolving himself to fact that he may get

the death penalty. Would like to be alone and feels this would be the best thing for

him to do at this time. Thinking a lot about case and events. Denies SI No plan

PSYCHIATRIC PROVIDER PROGRESS NOTE

Reason For Evaluation

- Regular Follow-Up

Location Of Evaluation

- Day Room

Patient Primary Language

- English

Sources Of Information/Reliability

- Patient

- Good

- Prior Record

- Good

Core Symptoms Scores (Rating From 1-10)

- Mania

- Score = 0

- Depression

- Score = 3
- Other Symptoms
 - Irritability
 - Score = 0
 - Mood Lability
 - Score = 0
 - Agitation
 - Score = 0
 - Anxiety
 - Score = 0
 - Insomnia
 - Score = 6

Suicidal Risk Assessment

- Patient Denies He/She Is Suicidal

Homicidal Risk Assessment

- Patient Denies He/She Is Homicidal

Treatment/Management Plan

- Medication Review
 - Medication Response
 - Minimal
 - Medications Changed
 - No
- A.I.M.S.
 - Total Score = 0
- Suicide Precaution Ordered
 - Discontinued
- Transfer Orders
 - Lower Level Of Care
 - Crisis Stabilization
- Patient Education
 - Patient Provided Education About Risk/Benefit Of Medications
 - Yes
 - Plan Of Care, Follow-Up, Access To Care And Any Other Questions Addressed
 - Yes
 - Patient Verbalized Understanding And Agreed
 - Yes
- Follow-Up
 - Plan:
 - Scheduled Appointment In E.M.R.

Assessment:

xis I	Adjustment D/O with Depressed Mood
xis II	
xis III	Hx HTN S/P OD on APAP/Diphenhydramine OTC

Psychiatric Provider Progress
NotePatient Name: GREEN, GARYBook-in Number: 09073266Date of Birth: 03/14/1971 Race: BDate/ Time: 09/28/2009 09:42Jail Location: Low Sterrett West Tower, 3P12

Axis IV	Legal/Incarceration
Axis V: GAF-	35

Using:	
Suicide Precautions	discontinue
Crisis Stabilization	x
Closed Behavioral Observation	
Man Open Behavioral Observation	
Open Behavioral Observation	
General Population	
Infirmity	

Laboratory/Radiology/Diagnostics:

BC with Differential	
MP	
ML	
Hepatic Panel/LFT's	
SH	
PA/Depakote Level	
Lithium Level	
Levetiracetam/Carbamazepine Level	
HbA1c	
IV	
PR	
Lipids	
A	
-ray:	
Other Lab/Diagnostic:	

Medications:

Teaching:

Medications	
Laboratory/Diagnostics	
Treatment Plan	x

Discharge Planning	
Substance Abuse	
After Care	

Records From:

Return to Clinic in:

One day	<input checked="" type="checkbox"/>
Week	
Weeks	
One Month	

Electronically Signed by RIDGE, TODD A NP on 09/28/2009.
 ##And No Others##

MENTAL HEALTH
Psychiatric Provider Progress
Note

Patient Name: GREEN, GARY
Book-in Number: 09073266
Date of Birth: 03/14/1971 Race: B
Date/ Time: 09/25/2009 10:39
Jail Location: Lew Sterrett West Tower, 3P12

Age: 38 Years

Last vital signs: 09/24/2009; BP: 153 / 112 (Standing) ; P: 93 (Standing) ; R: 18 / min; T: 97.4 (Oral)

Current Vital signs: 09/25/2009, BP: 157 / 109 (Sitting) ; P: 89 (Sitting) ; R: 18 / min; T: Wt. Height

Allergies: NO KNOWN ALLERGIES

Medications:

Current/Active Problem:

Mental Health:

Mental Status Exam First Observed 09/23/2009 10:36AM

Psychiatric Evaluation First Observed 09/23/2009 10:36AM

Psychiatric Provider Progress Note First Observed 09/23/2009 10:36AM

History Specified:

☐ Other First Observed 09/22/2009 02:29PM

☐ Evidence-based Suicide Risk Assessment First Observed 09/23/2009 10:59AM

Subjective:

get about five or ten minutes of sleep at a time..."

don't know what to do"

Feeling overwhelmed Depressed Sad Took shower yesterday

Decreased sleep No appetite No plan Still suicidal

MENTAL STATUS EXAM

Appearance

Age

Appears Stated Age

Stature

Tall

Weight

Overweight

Clothing

Careless

Grooming

Neglected

Posture/Gait

Normal

Motor Activity

Unremarkable

MENTAL HEALTH
Psychiatric Provider Progress
Note

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 Race: B

Date/ Time: 09/25/2009 10:39

Jail Location: Low Sterrett West Tower, 3P12

Sensorium

Attention

Normal

Concentration

Normal

Orientation

Oriented X 4

Recall/Memory

Normal

Relating

Eye Contact

Normal

Facial Expression

Responsive

Attitude Toward Examiner

Cooperative

Affect & Mood

Affect

Appropriate

Mood

Dysphoric

Speech & Thought

Speech Flow

Normal

Thought Content

Appropriate To Mood/Circumstances

Preoccupations

None

Hallucinations

None

Thought Organization

Logical, Goal Directed

Executive Functions

Fund Of Knowledge

Average

Intelligence

Average

Abstraction

Normal

Judgement

Poor

Reality Testing

Realistic

Insight

Uses Connections

MENTAL HEALTH

**Psychiatric Provider Progress
Note**

Patient Name: GREEN, GARY

Book-In Number: 09073266

Date of Birth: 03/14/1971 Race: B

Date/ Time: 09/25/2009 10:39

Jail Location: Lew Sterrett West Tower, 3P12

Decision-Making

Impulsive

Adaptive Skills

Coping Ability

Overwhelmed

Skill Deficits

Interpersonal

Decision-Making

Self Control

Social Functioning

Social Maturity

Impulsive

PSYCHIATRIC PROVIDER PROGRESS NOTE

Reason For Evaluation

- Regular Follow-Up

Location Of Evaluation

- Day Room

Patient Primary Language

- English

Sources Of Information/Reliability

- Patient

- Good

- Prior Record

- Good

Core Symptoms Scores (Rating From 1-10)

- Mania

- Score = 0

- Depression

- Score = 4

- Other Symptoms

- Irritability

- Score = 0

- Mood Lability

- Score = 0

- Agitation

- Score = 0

- Anxiety

- Score = 1

- Insomnia

- Score = 6

Suicidal Risk Assessment

- Patient States He/She Is Suicidal

- Patient States Specific Ideations

Homicidal Risk Assessment

MENTAL HEALTH
Psychiatric Provider Progress
Note

- Patient Denies He/She Is Homicidal
- Treatment/Management Plan
 - Medication Review
 - Medication Response
 - Minimal
 - Medications Changed
 - No
 - A.I.M.S.
 - Total Score = 0
 - Suicide Precaution Ordered
 - Continued
 - Transfer Orders
 - Lower Level Of Care
 - Suicide Precautions
 - Patient Education
 - Patient Provided Education About Risk/Benefit Of Medications
 - Yes
 - Plan Of Care, Follow-Up, Access To Care And Any Other Questions Addressed
 - Yes
 - Patient Verbalized Understanding And Agreed
 - Yes
 - Follow-Up
 - Plan:
 - Scheduled Appointment In E.M.R.

Assessment:

Axis I	Adjustment D/O with Depressed Mood
Axis II	
Axis III	Hx HTN S/P OD on APAP/Diphenhydramine OTC
Axis IV	Legal/Incarceration
Axis V: GAF-	30

Assessment:

Suicide Precautions	x
Stabilization	
Close Behavioral Observation	
Medium Open Behavioral Observation	
Open Behavioral Observation	
General Population	
Primary	

MENTAL HEALTH

Psychiatric Provider Progress

Note

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 Race: B

Date/ Time: 09/25/2009 10:39

Jail Location: Lew Sterrett West Tower, 3P12

Laboratory/Radiology/Diagnostics:

BC with Differential	
MP	
MP	
Hepatic Panel/LFT's	
SH	
PA/Depakote Level	
Lithium Level	
Valproic/Carbamazepine Level	
HbA1c	
IV	
PR	
Lipids	
A	
X-ray:	
Other Lab/Diagnostic:	

Indications:

Patient Teaching:

Medications	x
Laboratory/Diagnostics	
Treatment Plan	x
Discharge Planning	
Substance Abuse	
After Care	

Records From:

Return to Clinic in:

1 Week	x
2 Weeks	
1 Month	

MENTAL HEALTH

**Psychiatric Provider Progress
Note**

Patient Name: GREEN, GARY

Book-In Number: 09073266

Date of Birth: 03/14/1971 Race: B

Date/ Time: 09/25/2009 10:39

Jail Location: Lew Sterrett West Tower, 3P12

Electronically Signed by RIDGE, TODD A NP on 09/25/2009.

##And No Others##

MENTAL HEALTH
Psychiatric Provider Progress
NotePatient Name: GREEN, GARYBook-in Number: 09073266Date of Birth: 03/14/1971 Race: BDate/ Time: 09/24/2009 11:36Jail Location: Lew Sterrett West Tower, 3P12Age: 38 YearsLast vital signs: 09/23/2009; BP: 164 / 110 (Sitting) ; P: 83 (Sitting) ; R: 18 / min; T:Current Vital signs: 09/24/2009, BP: 153 / 112 (Standing) ; P: 93 (Standing) ; R: 18 / min; T: 97.4 (Oral) Wt. HeightAllergies: NO KNOWN ALLERGIES

Medications:

Current/Active Problem:

Mental Health:*Mental Status Exam First Observed 09/23/2009 10:36AM**Psychiatric Evaluation First Observed 09/23/2009 10:36AM**Psychiatric Provider Progress Note First Observed 09/23/2009 10:36AM***Not Specified:***Other First Observed 09/22/2009 02:29PM**Evidence-based Suicide Risk Assessment First Observed 09/23/2009 10:59AM***Subjective:**[don't deserve to live" "I don't know how I feel..."][can't sleep...I just stare at the walls..."][wish they would just get it over with..." (Referring to capital punishment)][no appetite Poor sleep Ruminates about events prior to jail]**MENTAL STATUS EXAM**

Appearance

Age

Appears Stated Age

Stature

Tall

Weight

Overweight

Clothing

Careless

Grooming

Neglected

Posture/Gait

Normal

Motor Activity

Unremarkable

MENTAL HEALTH
Psychiatric Provider Progress
Note

Patient Name: GREEN, GARY

Book-In Number: 09073266

Date of Birth: 03/14/1971 Race: B

Date/ Time: 09/24/2009 11:36

Jail Location: Lew Sterrett West Tower, 3P12

Sensorium

Attention

Normal

Concentration

Normal

Orientation

Oriented X 4

Recall/Memory

Normal

Relating

Eye Contact

Normal

Facial Expression

Responsive

Attitude Toward Examiner

Cooperative

Affect & Mood

Affect

Appropriate

Mood

Dysphoric

Speech & Thought

Speech Flow

Normal

Thought Content

Appropriate To Mood/Circumstances

Preoccupations

None

Hallucinations

None

Thought Organization

Logical, Goal Directed

Executive Functions

Fund Of Knowledge

Average

Intelligence

Average

Abstraction

Normal

Judgement

Poor

Reality Testing

Realistic

Insight

Uses Connections

MENTAL HEALTH
Psychiatric Provider Progress
Note

Patient Name: GREEN, GARY

Book-In Number: 09073266

Date of Birth: 03/14/1971 Race: B

Date/ Time: 09/24/2009 11:36

Jail Location: Lew Sterrett West Tower, 3P12

Decision-Making
Impulsive
Adaptive Skills
Coping Ability
Overwhelmed
Skill Deficits
Interpersonal
Decision-Making
Self Control
Social Functioning
Social Maturity
Impulsive

PSYCHIATRIC PROVIDER PROGRESS NOTE

Reason For Evaluation

- Regular Follow-Up

Location Of Evaluation

- Day Room

Patient Primary Language

- English

Sources Of Information/Reliability

- Patient
 - Good
- Prior Record
 - Good

Core Symptoms Scores (Rating From 1-10)

- Mania
 - Score = 0
- Depression
 - Score = 4
- Other Symptoms
 - Irritability
 - Score = 2
 - Mood Lability
 - Score = 0
 - Agitation
 - Score = 0
 - Anxiety
 - Score = 2
 - Insomnia
 - Score = 8

Suicidal Risk Assessment

- Patient States He/She Is Suicidal
- Patient States Specific Ideations

Homicidal Risk Assessment

MENTAL HEALTH
Psychiatric Provider Progress
NotePatient Name: GREEN, GARYBook-in Number: 09073266Date of Birth: 03/14/1971 Race: BDate/ Time: 09/24/2009 11:36Jail Location: Lew Sterrett West Tower, 3P12

- Patient Denies He/She Is Homicidal
- Treatment/Management Plan
 - Medication Review
 - Medication Response
 - Patient Not On Medications At This Time
 - Medications Changed
 - Yes
 - Paper Order To Be Provided
 - Rationale To Change Medications
 - Insufficient Improvement
 - A.I.M.S.
 - Total Score = 0
 - Suicide Precaution Ordered
 - Continued
 - Transfer Orders
 - Lower Level Of Care
 - Suicide Precautions
 - Patient Education
 - Patient Provided Education About Risk/Benefit Of Medications
 - Yes
 - Plan Of Care, Follow-Up, Access To Care And Any Other Questions Addressed
 - Yes
 - Patient Verbalized Understanding And Agreed
 - Yes
 - Follow-Up
 - Plan:
 - Scheduled Appointment In E.M.R.

Assessment:

Axis I	Adjustment D/O with Depressed Mood
Axis II	
Axis III	Hx HTN S/P OD on APAP/Diphenhydramine OTC
Axis IV	Legal/Incarceration
Axis V: GAF-	30

Interventions:

Psychiatric Precautions	x
Medication Stabilization	
Unsupervised Behavioral Observation	
Man Open Behavioral Observation	

MENTAL HEALTH
Psychiatric Provider Progress
Note

Patient Name: GREEN, GARY

Book-In Number: 09073266

Date of Birth: 03/14/1971 Race: B

Date/ Time: 09/24/2009 11:36

Jail Location: Lew Sterrett West Tower, 3P12

Open Behavioral Observation	
General Population	
Infirmery	

Laboratory/Radiology/Diagnostics:

CBC with Differential	
CMP	
MP	
Hepatic Panel/LFT's	
SH	
PA/Depakote Level	
Lithium Level	
Valproic/Carbamazepine Level	
HbA1c	
IV	
PR	
Lipids	
A	
X-ray:	
Other Lab/Diagnostic:	

Medications:

Start Remeron	7.5mg po QPM x 15 days

Patient Teaching:

Medications	x
Laboratory/Diagnostics	
Treatment Plan	x
Discharge Planning	
Substance Abuse	
After Care	

Patient Education provided on the initiation and continuation of antidepressant medication. Patient agreed to be monitored self-report to the health care team any episodes of agitation, irritability, other changes in behavior and suicidality. Patient educated on the importance of medication compliance and the need to communicate with health care providers any change in behavior or feelings of suicide. Patient education with the risk for bipolar disorder and any possible adverse outcomes with the use of antidepressant medication provided. Reviewed the side-effects and risks of anti-depressant medications, including priapism and other sexual side-effects.

MENTAL HEALTH
Psychiatric Provider Progress
NotePatient Name: GREEN, GARYBook-in Number: 09073266Date of Birth: 03/14/1971 Race: BDate/ Time: 09/24/2009 11:36Jail Location: Lew Sterrett West Tower, 3P12

at Records From:

turn to Clinic in:

ne day	x
Week	
Weeks	
ne Month	

Electronically Signed by RIDGE, TODD A NP on 09/24/2009.

##And No Others##

MENTAL HEALTH
Psychiatric Provider Progress
NotePatient Name: GREEN, GARYBook-in Number: 09073266Date of Birth: 03/14/1971 Race: BDate/ Time: 09/23/2009 10:27Jail Location: Lew Sterrett West Tower, CONVAge: 38 YearsLast vital signs: 09/07/2008; BP: 121 / 79 (Sitting) ; P: 67 (Sitting) ; R: 20 / min; T: 96.8 (Oral)Current Vital signs: 09/08/2008, BP: 124 / 87 (Sitting) ; P: 76 (Sitting) ; R: ; T: Wt. HeightAllergies: NO KNOWN ALLERGIES

Medications:

Current/Active Problem:

Subjective: Charge- Capital Murder OD on meds prior to arrival at jail**"I killed my wife and daughter..." "I tried to kill myself..." Reports OD on 2 bottles****of sleep medications: Tylenol PM and Benadryl. Turned self into police and was****taken to Parkland for eval & tx. "They gave me charcoal..." Now in jail.****Feels "anxious...disgusted...depressed...stressed..." + SI No plan****Turned self into police after killing two family members. Upset. OD on sleep medication.****Called police he had taken pills. Was taken to Parkland for tx and then brought to jail.****Reviewed on SPs. Chart reviewed. Pt hx today is not consistent with prior intake hx.****Denies hx heroin use. Denies hx IVDA. Wants to take a shower today.****No evidence of thought d/o on interview this am. Logical, goal-directed thought process.****No loose associations, flight of ideas or delusions. NO evidence of mania.****No hallucinations. Speech coherent. Normal psychomotor.****MENTAL STATUS EXAM****Appearance****Age****Appears Stated Age****Stature****Tall****Weight****Overweight****Clothing****Careless****Grooming****Neglected****Posture/Gait****Normal****Motor Activity****Unremarkable****Sensorium****Attention**

Scanned by CARSWELL BRIAN G in facility Low Sterrett North Tower on 03/12/2010 06:54

Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas

Name: Cathy Renard Green
Book-in Number: 09075206
Date of Birth: 03/14/71
Jail Tower: North Tower Jail Tank: 6-E-03

**SICK CALL REQUEST
(KITE)**

☐ Medical ☐ Dental ☒ Mental Health Date: 12/09/09

State your problem: (Please write legibly and state your problem specifically)

Dr. Long Salberry, I request to meet & speak
with again if possible.

Thank You

Please do not write below this line

(Health Service Staff Only)

Triaged by: Chubunmu, R 27478 Triage time and date: 12/18/09 2315

☐ Emergent ☐ Urgent ☒ Routine

Subjective:

Request to speak w/ MHL

Objective: BP _____ P _____ Respirations _____ Temp _____

Assessment: PT is coping appropriately w/ stress.

Plan: Continue to support. Listen Empathically

Disposition: ☐ Cell side resolution ☐ Plan of care discussed with patient

☐ Send to clinic now

All Follow-up appointments require EMR reminders!

☐ RN Follow-up (next day) ☐ Provider Follow-up: ☐ Routine ☐ Urgent

☐ Clinic appointment date: _____ ☐ Appointment put in EMR

[Signature]
Nurse/ MHL signature

Printed name and ID#

12/18/09
Date/ Time

Date/ Time Stamp:

MENTAL HEALTH

**Psychiatric Provider Progress
Note**

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 Race: B

Date/ Time: 09/23/2009 10:27

Jail Location: Low Sterrett West Tower, CONV

Normal
Concentration
Normal
Orientation
Oriented X 4
Recall/Memory
Normal
Relating
Eye Contact
Normal
Facial Expression
Responsive
Attitude Toward Examiner
Cooperative
Affect & Mood
Affect
Appropriate
Mood
Pessimistic
Speech & Thought
Speech Flow
Normal
Thought Content
Appropriate To Mood/Circumstances
Preoccupations
None
Hallucinations
None
Thought Organization
Logical, Goal Directed
Executive Functions
Fund Of Knowledge
Average
Intelligence
Average
Abstraction
Normal
Judgement
Poor
Reality Testing
Realistic
Insight
Uses Connections
Decision-Making
Impulsive

MENTAL HEALTH
Psychiatric Provider Progress
Note

Patient Name: GREEN, GARY

Book-in Number: 09073266

Date of Birth: 03/14/1971 Race: B

Date/ Time: 09/23/2009 10:27

Jail Location: Low Sterrett West Tower, CONV

Adaptive Skills

Coping Ability

Overwhelmed

Skill Deficits

Interpersonal

Decision-Making

Self Control

Social Functioning

Social Maturity

Impulsive

Social Judgement

"Street Smart"

Risk To Self & Others

Self Harm

Thoughts Of Self Injury **S/P OD Charged with Capital Murder**

Low Imminent Risk For Potentially Lethal Self Injury

Harm To Others

Reports killing wife and daughter prior to arriving at jail

PSYCHIATRIC EVALUATION

Informant

- Patient

- Fair

- Prior Record

- Good

Patient Primary Language

- English

Patient Preferred Language

- English

Site Of Evaluation

- Day Room

Symptoms Check

- Depressive Symptoms

- Depressed Mood/Sad

- Mania Symptoms

- No Evidence Or Reports Of Manic Symptoms

- Hypomania Symptoms

- No Evidence Or Reports Of Hypomanic Symptoms

- Psychosis

- No Evidence Or Reports Of Psychosis

- Anxiety

- No Evidence Or Reports Of Anxiety

Past Psychiatric History

- Prior Hospitalizations

- Timberlawn Hospital

MENTAL HEALTH
Psychiatric Provider Progress
NotePatient Name: GREEN, GARYBook-In Number: 09073266Date of Birth: 03/14/1971 Race: BDate/ Time: 09/23/2009 10:27Jail Location: Lew Sterrett West Tower, CONV

- Specify Reason And Time: August 2009 wife and pt went to Timberlawn

r eval. He stayed 4.5 days **"schizophrenic and manic-depression"** Rx of Ritalin

- Prior Psychotropic Medications

- Patient Was Prescribed And Compliant With Medications Prior To Incarceration

Suicide Risk Assessment

- Patient States He/She Has Suicidal Ideations

- Yes

- Patient States He/She Has Specific Plan Of Suicide

- No

- Past History Of Suicide Attempts

- Yes

- Number Of Attempts: 2 as a teen due to "stress"

- Method Of Attempt: hanging/drowning

- Risk Level

- Low

Substance Abuse History - See prior intake forms/emr **Hx Heroin abuse/use Denies use in**
interview this am

- Alcohol

- Pattern Of Use:

- Sporadic

- Cannabis

- Pattern Of Use:

- Sporadic

- **History Of Intra-Venous Drug Abuse**

- No

Past Drug Treatment

- Patient Denies Any Previous Substance Abuse Treatment

Medical History

- History Of Hypertension

- Relative Contraindication For Restraints

- No

- Relative Contraindication For Seclusion

- No

Family Psychiatric History

- Pt Denies Family History Of Psychiatric Problems

- Family History Of Suicide/Suicide Attempt:

- No

Family Medical History

- Patient Denies Family History Of Acute Or Chronic Medical Problem

Social History

- Marital Status

- Married **Killed wife**

- Children

- Yes

- Number Of Children: 4

MENTAL HEALTH
Psychiatric Provider Progress
NotePatient Name: GREEN, GARYBook-in Number: 09073266Date of Birth: 03/14/1971 Race: BDate/ Time: 09/23/2009 10:27Jail Location: Low Sterrett West Tower, CONV

- Specific Details On Patient Relationship With Children: current charge:

Capital murder **killed daughter and attempted to kill 2 sons**

- Education

- G.E.D. Left school 11th grade after arrest for aggravated robbery got GED in

- Employment

- Unemployed "Battery Technician"

- Residing

- Family

- Legal

- Prison Sentence Served In Past Aggravated Robbery at 18y.o.

- How Many Years In Total?: 10 yrs 3 months

Patient Weaknesses

- Criminal Record

Brief Dangerousness Assessment

- Recent Violent Behavior - **Charge is Capital Murder**- Past History Of Violence - **Aggravated Robbery**

- Explosive Outburst

- Threatening Behavior

- Uncontrollable

- Risk Unknown

Treatment Plan

- Admit Patient To Psychiatric Services

- Lab Work

- Ordered Specific Labs In E.M.R.

- A.I.M.S.

- A.I.M.S. = 0

- Medications

- No Medications To Be Prescribed

- No Medications Indicated At This Time

Patient Education

- Plan Of Care, Follow-Up, Access To Care And All Questions Addressed

- Yes

- Patient Verbalized Understanding And Agreed

- Yes

Special Precautions

- Suicide Precautions Ordered

- Printed And Completed Suicide Precaution Order Form

- Assault Precaution

- No

Housing

- Agree With Current Housing

Transfer To Higher Level Of Care

- Suicide Precautions

Follow Up

MENTAL HEALTH

Psychiatric Provider Progress
NotePatient Name: GREEN, GARYBook-in Number: 09073266Date of Birth: 03/14/1971 Race: BDate/ Time: 09/23/2009 10:27Jail Location: Low Sterrett West Tower, CONV

- Plan:

- Scheduled Appointment In E.M.R.

Assessment:

Axis I	Hx Polysubstance Dependence
Axis II	
Axis III	Hx HTN S/P OD on APAP/Diphenhydramine OTC
Axis IV	Legal/Incarceration
Axis V: GAF-	30

Medication Management:

Medication Precautions	X
Medication Stabilization	
Medication Behavioral Observation	
Medication Open Behavioral Observation	
Medication Behavioral Observation	
Medication General Population	
Medication Primary	

Laboratory/Radiology/Diagnostics:

BC with Differential	X
MP	
MP	X
Hepatic Panel/LFT's	
SH	X
PA/Depakote Level	
Lithium Level	
Zenitrol/Carbamazepine Level	
HbA1c	
IV	
PR	
Uids	
A	
ray:	
Other Lab/Diagnostic:	

Recommendations:

MENTAL HEALTH

Psychiatric Provider Progress

Note

Patient Name: GREEN, GARYBook-in Number: 09073266Date of Birth: 03/14/1971 Race: BDate/ Time: 09/23/2009 10:27Jail Location: Low Sterrett West Tower, CONV

Patient Teaching:

Medications	
Laboratory/Diagnostics	x
Treatment Plan	x
Discharge Planning	
Substance Abuse	
After Care	

Past Records From:

Return to Clinic in:

Next	x
Week	
Weeks	
One Month	

Electronically Signed by RIDGE, TODD A NP on 09/23/2009.

##And No Others##

Patient Name: GREEN, GARY

MRN: 09073266

Social Security #: 465479293

MISSING VITAL SIGNS Entered 04/27/2010 18:37 by SIMS-JOHNSON, KATHIE L LVN

vital signs complete for today.

Patient Name: GREEN, GARY
MRN: 09073266
Social Security #: 465479293

○
PENDING VITAL SIGNS Entered 04/17/2010 14:10 by KING, TINA M LVN

Pt given scheduled dose of b/p medication at this time. Pt was at visit during medication pass. Pt scheduled to return to clinic at 2000 for further f/u. Pt voiced understanding.

○

○

Patient Name: GREEN, GARY
MRN: 09073266
Social Security #: 465479293

NURSING VITAL SIGNS Entered 04/13/2010 19:19 by SIMS-JOHNSON, KATHIE L LVN

vital signs complete for today.

Patient Name: GREEN, GARY

MRN: 09073266

Social Security #: 465479293

NURSING VITAL SIGNS Entered 03/30/2010 19:50 by SIMS-JOHNSON, KATHIE L LVN

vital signs complete for today.

Patient Name: GREEN, GARY

MRN: 09073266

Social Security #: 465479293

0
NURSING VITAL SIGNS Entered 03/16/2010 19:52 by SIMS-JOHNSON, KATHIE L LVN

vital signs complete with pm blood pressure meds given for blood pressure.



Patient Name: GREEN, GARY

MRN: 09073266

Social Security #: 465479293

○ NURSING VITAL SIGNS Entered 03/09/2010 20:54 by ONDARI, KEPHA N LVN

V/S COMPLETED

○

○

Patient Name: GREEN, GARY

MRN: 09073266

Social Security #: 465479293

NURSING VITAL SIGNS Entered 03/03/2010 05:59 by GILBERT, CAROLYN LVN

VS check done per order. Clonidine .2mg given per B/P protocol.

Patient Name: GREEN, GARY

MRN: 09073266

Social Security #: 465479293

CHRONIC CARE PROVIDER VISIT - FOLLOWUP Entered 02/11/2010 09:58 by FLANGIN, KATHRYN M MD

DOWN AND OUT TO COURT

NURSING VITAL SIGNS Entered 02/11/2010 14:00 by KING, TINA M LVN

Pt at court.

Patient Name: GREEN, GARY

MRN: 09073266

Social Security #: 465479293

COLLECT SPECIMEN Entered 02/02/2010 09:46 by FRANKLIN, YOSHA R

CBC, BMP-8, LIPID PANEL COLLECTED FROM PATIENT

Patient Name: GREEN, GARY

MRN: 09073266

Social Security #: 465479293

NURSING - KITE VISIT Entered 02/01/2010 16:51 by FADIPE, ENIOLA C LVN

kite answered, refer to provider for evaluation.

Patient Name: GREEN, GARY

MRN: 09073266

Social Security #: 465479293

MENTAL HEALTH PROVIDER VISIT - FOLLOWUP Entered 01/21/2010 13:35 by SADBERRY , LARRY A MHL

Pt has been seen by this MHL for mental health complaints in the past. He is functioning at his baseline. Listened to pt empathicly.

Patient Name: GREEN, GARY

MRN: 09073266

Social Security #: 465479293

MENTAL HEALTH PROVIDER VISIT - FOLLOWUP Entered 01/19/2010 13:13 by SADBERRY , LARRY A MHL

Pt was seen by this MHL in response to kites x4. He is going to be seen again toay as scheduled with MHL.

Patient Name: GREEN, GARY

MRN: 09073266

Social Security #: 465479293

NURSING VITAL SIGNS Entered 11/12/2009 11:05 by GREEN, TAMARA L CMA

V/S COMPLETE

Patient Name: GREEN, GARY

MRN: 09073266

Social Security #: 465479293

NURSING VITAL SIGNS Entered 11/11/2009 10:40 by GREEN, TAMARA L CMA

V/S COMPLETE

Patient Name: GREEN, GARY

MRN: 09073266

Social Security #: 465479293

MISSING VITAL SIGNS Entered 11/10/2009 09:51 by GREEN, TAMARA L CMA

V/S COMPLETE

Patient Name: GREEN, GARY
MRN: 09073266
Social Security #: 465479293

NURSING VITAL SIGNS Entered 09/26/2009 09:05 by GREEN, TAMARA L CMA

V/S COMPLETE

Patient Name: GREEN, GARY

MRN: 09073266

Social Security #: 465479293

NURSING VITAL SIGNS Entered 09/25/2009 08:02 by GREEN, TAMARA L CMA

UNABLE TO CHECK PT'S V/S DUE TO SECURITY

LAB COLLECT SPECIMEN Entered 09/25/2009 10:36 by FRANKLIN, YOSHA R

CBC, CMP-14, TSH COLLECTED FROM PATIENT

CLINICAL NOTE

Lew Sterrett West Tower

Case 3:15-cv-02197-M-BH Document 24-63 Filed 08/01/16 Page 233 of 250 PageID 7036

Patient Name: GREEN, GARY

MRN: 09073266

Social Security #: 465479293

NEWSING VITAL SIGNS Entered 09/24/2009 10:15 by VILLEGAS, MYRNA L

v/s completed and charted

CLINICAL NOTE

Lew Sterrett North Tower

Case 3:15-cv-02197-M-BH Document 24-63 Filed 08/01/16 Page 234 of 250 PageID 7037

Patient Name: GREEN, GARY

MRN: 08062551

Social Security #: 465479293

REFERRAL TO MENTAL HEALTH Entered 08/30/2008 11:36 by DIKE, CHIKEZIE RN

cleaned wound to left side of chest with wound cleanser, packed with iodoform and covered with 4x4. wound healing well.

Patient Name: GREEN, GARY
MRN: 08062551
Social Security #: 465479293

MISSING VITAL SIGNS Entered 08/16/2008 15:33 by HAYNES, VELVA L CMA

Patient Name: GREEN, GARY
MRN: 08062551
Social Security #: 465479293

NURSING VITAL SIGNS Entered 08/13/2008 11:31 by PRIOLEAU, ULYSSES L CMA

notified nurse

**Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas
Sick Call Clinic Note**

Patient Name: GREEN, GARY
Book-in Number: 09073266
Date of Birth: 03/14/1971/Race: B
Date/ Time: 01/29/2010 11:04
Jail Location: Lew Sterrett North Tower, 6EO3

List of current diagnoses:

Mental Health:

Mental Status Exam First Observed 09/23/2009 10:36AM

Psychiatric Evaluation First Observed 09/23/2009 10:36AM

Psychiatric Provider Progress Note First Observed 09/23/2009 10:36AM

Adjustment Disorder With Depressed Mood First Observed 09/24/2009 11:55AM

Not Specified:

Other First Observed 09/22/2009 02:29PM

Evidence-based Suicide Risk Assessment First Observed 09/23/2009 10:59AM

Allergies: NO KNOWN ALLERGIES

Age: 38

SUBJECTIVE:

fu for tonsillitis and ear problems; says both have resolved.

PAST MEDICAL HISTORY:

No Yes

		HYPERTENSION, If yes, elaborate: yes is on lisinopril 20 mg daily and hctz 25 mg po daily
x		CORONARY ARTERY DISEASE, If yes, elaborate:
x		DIABETES, If yes, elaborate:
x		ASTHMA/COPD, If yes, elaborate:
x		SIEZURE, If yes, elaborate:

**Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas
Sick Call Clinic Note**

Patient Name: GREEN, GARY
Book-in Number: 09073266
Date of Birth: 03/14/1971/Race: B
Date/ Time: 01/29/2010 11:04
Jail Location: Lew Sterrett North Tower, 6EO3

OBJECTIVE:

Previous Vital Signs: 01/22/2010 144 / 97 (Sitting) 81 (Sitting) 19 / min 97.5 (Oral)

Current Vital Signs: 01/29/2010 BP: 137 / 90 (Sitting) ; Pulse: 47 (Sitting) ; Respirations: 18 / min; Temperature: 97.1 (Oral)

pharynx noninjected, no adenopathy

tms-clear

chest-clear to a and p cqr cardiac-nsr, no s3

DIAGNOSTIC LABS/X-RAYS:

none recent

ASSESSMENT:

tonsillitis resolved

bp fair-will continue current med; start renal diet and recheck bp; if diastolic still up will increase bp med

PLAN:

as above

FOLLOW-UP:

2 wk

Procedures Ordered:

CHRONIC CARE PROVIDER VISIT - FOLLOWUP: other

NURSE VITALS CHECK REQUEST: other

NURSE VITALS CHECK REQUEST: other

NURSE VITALS CHECK REQUEST: other

BASIC METABOLIC PANEL (CHEM 8): other

LIPID PANEL: hypertension

CBC WITH DIFFERENTIAL: other

<input checked="" type="checkbox"/>	List of all current medications was reviewed.
<input checked="" type="checkbox"/>	Disease status and current treatment discussed with patient
<input checked="" type="checkbox"/>	Patient communicates understanding of the treatment plan including the importance of medication compliance and adherence to diet, exercise and all diagnostic procedures

Electronically Signed by FLANGIN, KATHRYN M MD on 01/29/2010.

##And No Others##

**Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas
Sick Call Clinic Note**

Patient Name: GREEN, GARY
Book-in Number: 09073266
Date of Birth: 03/14/1971/Race: B
Date/ Time: 01/22/2010 11:21
Jail Location: Lew Sterrett North Tower, 6EO3

List of current diagnoses:

Mental Health:

Mental Status Exam First Observed 09/23/2009 10:36AM
Psychiatric Evaluation First Observed 09/23/2009 10:36AM
Psychiatric Provider Progress Note First Observed 09/23/2009 10:36AM
Adjustment Disorder With Depressed Mood First Observed 09/24/2009 11:55AM

Not Specified:

Other First Observed 09/22/2009 02:29PM
Evidence-based Suicide Risk Assessment First Observed 09/23/2009 10:59AM

Allergies: NO KNOWN ALLERGIES

Age: 38

SUBJECTIVE: DOUBLE REMINDER MADE

PT ON ABX AND PAIN MEDS

NOW C/O LEFT EAR HURTING

APPRECIATE DR FLANGANS NOTES AND RX

PAST MEDICAL HISTORY:

No Yes

	<input checked="" type="checkbox"/>	HYPERTENSION, If yes, elaborate: ON MEDS
<input checked="" type="checkbox"/>		CORONARY ARTERY DISEASE, If yes, elaborate:
<input checked="" type="checkbox"/>		DIABETES, If yes, elaborate:
<input checked="" type="checkbox"/>		ASTHMA/COPD, If yes, elaborate:
<input checked="" type="checkbox"/>		SIEZURE, If yes, elaborate:

OBJECTIVE:

Previous Vital Signs: 01/13/2010 139 / 97 (Sitting) 74 (Sitting) 18 / min 96.7 (Oral)

Current Vital Signs: 01/22/2010 BP: 144 / 97 (Sitting) ; Pulse: 81 (Sitting) ; Respirations: 19 / min; Temperature: 97.5 (Oral)

NAD

A AND O X 3

MILDLY ELEVATED BP-ON NEW MEDS

EYES-PERL, NO INJECTION, NO ICTERIS

EARS-CLEAR NO EXUDATE OR EDEMA, TM INTACT

LE M WITH ERYTHEMA AND MILD BULGE

NORMAL AMOUNT OF CERUMEN

NARES PINK MOIST, NO SEPTAL DEFECT

**Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas
Sick Call Clinic Note**

Patient Name: GREEN, GARY
Book-in Number: 09073266
Date of Birth: 03/14/1971/Race: B
Date/ Time: 01/22/2010 11:21
Jail Location: Lew Sterrett North Tower, 6EO3

MOUTH-POOR DENTION, NO ABSCESS
THROAT ERYTHEMA AND MILD TONSILLAR EDEMA
NO EXUDATE MILD PND

DIAGNOSTIC LABS/X-RAYS:

AUTOMATED CHEMISTRY	09/26/2009 07:45 54 [L]	09/26/2009 07:06
GLUCOSE, BLOOD		11
BUN		4.9
ALBUMIN SERUM		90
ALK PHOS		49
ALT		44 [H]
AST		10
BUN/CREATININE		9.4
CALCIUM, SERUM		22
CO2 SERUM		1.09
CREATININE BL		94 [L]
Chloride, Serum		4.7
POTASSIUM SERUM		8.3
PROTEIN TOT SER		139
SODIUM, SERUM		

ASSESSMENT: PHARYNGITIS AND OTITIS MEDIA
HTN-CONT MEDS AND KEEP F/U APPT

PLAN: CONT AUGMENTIN AND BP MEDS

FOLLOW-UP: KEEP CHRONIC CARE F/U

X	List of all current medications was reviewed.
X	Disease status and current treatment discussed with patient
X	Patient communicates understanding of the treatment plan including the importance of medication compliance and adherence to diet, exercise and all diagnostic procedures

Electronically Signed by UREY, DIANNE X PAC on 01/22/2010.
##And No Others##

**Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas
Clinic Note Brief**

Patient Name: GREEN, GARY
Book-in Number: 08062551
Date of Birth: 03/14/1971
Date/ Time: 08/21/2008 11:02
Jail Location: Lew Sterrett Infirmary, 3MW02

List of current diagnoses:

Cardiac:

Hypertension First Observed 08/14/2006 07:24AM

Mental Health:

Opioid Abuse First Observed 08/12/2008 09:34PM

Allergies: NO KNOWN ALLERGIES

☒ List of all current medications was reviewed.

Age: 37

SUBJECTIVE: 37 YO AAM HX OF HEROIN IVDA, HTN DOES NOT TAKE MEDS FOR IT IN THE FREE WORLD, SEEN FOR ELEVATED BP. DENIES HA OR VISUAL CHANGES. ROS OTHERWISE NEGATIVE.

OBJECTIVE:

Vital Signs: 08/21/2008 190 / 118 (Sitting) 63 (Sitting) 18 / min 97.8 (Oral) Current vital signs:

**AF, HTN
A&OX3, NAD
NC/AT, EOMI, MMM
CTA B/L
RRR no m/r/g
S/NT/ND/+BS
FROM
NONFOCAL**

ASSESSMENT: HEROIN IVDA NOT IN WITHDRAWAL, HTN UNCONTROLLED

**PLAN: START NORVASC 10MG Q DAILY
INCREASE CLONIDINE 0.3MG BID(FIRST DOSE NOW)
CONTINUE HCTZ 25MG QDAILY
BP CHECKS BID X 10 DAYS
RTC 1 WEEK**

☒ Disease status and current treatment discussed with patient

**Parkland Health & Hospital System
Dallas County Jail Health
Dallas, Texas
Clinic Note Brief**

Patient Name: GREEN, GARY

Book-in Number: 08062551

Date of Birth: 03/14/1971

Date/ Time: 08/21/2008 11:02

Jail Location: Lew Sterrett Infirmary, 3MW02

X

Patient communicates understanding of the treatment plan including the importance of medication compliance and adherence to diet, exercise and all diagnostic procedures

Electronically Signed by SAFEEK, ABRAHAM MD on 08/21/2008.

##And No Others##

Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas Tuberculosis Screening Form	09073266
	Patient Name: Black 3P12 Male
	Book-in Number: 03/14/1971
	Date of Birth: GREEN, GARY
	Social Security Number: _____
Jail Location: _____	

Book-In Date: 9.22.9**Tuberculosis Screening Questions:**

	Yes	No
Human Immunodeficiency Virus ?	<input type="radio"/>	<input checked="" type="radio"/>
Tested Positive for tuberculosis in the past?	<input type="radio"/>	<input checked="" type="radio"/>
Have you ever been treated for tuberculosis?	<input type="radio"/>	<input checked="" type="radio"/>
When was your last chest x-ray?		

When? _____ Where? _____
Date: _____**Any signs or symptoms of tuberculosis?**

	Yes	No
Cough longer than 3 weeks	<input type="radio"/>	<input checked="" type="radio"/>
Coughing up blood	<input type="radio"/>	<input checked="" type="radio"/>
Night sweats	<input type="radio"/>	<input checked="" type="radio"/>
Unexplained weight loss	<input type="radio"/>	<input checked="" type="radio"/>

Screened by (Staff Signature/Parkland Employee Identification Number): RPer 2585**Purified Protein Derivative Testing**
(Tuberculosis Skin Test):Staff Signature/Parkland Employee
Identification Number:Date test placed: 9.22.9Date test read/result in mm: 0mm 9/24/9

Date chest x-ray ordered: _____

RPer 2585
Ch 2888Result entered in
Electronic Medical Record

Yes No

Staff Signature/Parkland Employee
Identification Number:☒ ☐Ch 2881

Released:

☐ ☐

Date of Release: _____

(Skin Test is POSITIVE if greater than 10 millimeters; or greater than 5 millimeters if positive for Human Immunodeficiency Virus)

Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas TEMPORARY MEDICATION ADMINISTRATION RECORD	Patient Name: <u>Green, Gary</u> Book-in Number: <u>09073266</u> Date of Birth: <u>03/14/1971</u> / Race: <u>R</u> Date of Service: <u>09/29/2009 02:20PM</u> Jail Location: <u>Low Sterrett West Tower, 3P12</u>
---	---

Ordering Provider: Todd Hedge, MD
 Allergies: **NO KNOWN ALLERGIES**

09/29 9/30

Drug Dose/ Route/ Frequency	Start Date	Stop Date	Day 1				Day 2				Day 3			
			0	1	1	2	0	1	1	2	0	1	1	2
			6	2	8	4	6	2	8	4	6	2	8	4
			0	0	0	0	0	0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0	0	0
			-	-	-	-	-	-	-	-	-	-	-	-
			1	1	2	0	1	1	2	0	1	1	2	0
			1	7	3	6	1	7	3	6	1	7	3	6
			5	5	5	5	5	5	5	5	5	5	5	5
			9	9	9	9	9	9	9	9	9	9	9	9
Therapeutic 15mg PO q 4h	09/29													
Celebra 20mg PO q 4h x 5 days	9/30	10/05												
then Celebra 40mg PO q 2h	10/06													

Initial: _____ Signature: _____
 Initial: _____ Signature: _____
 Initial: _____ Signature: _____

Initial: S Signature: [Signature]
 Initial: _____ Signature: _____
 Initial: [Signature] Signature: [Signature]

Attention:

Please flag all temporary MARS with a "Post it Flag" and leave in the MAR book each day until the printed MAR arrives.
 Please notify the pharmacy if a printed MAR has not been received by the third day a medication has been ordered.



Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas TEMPORARY MEDICATION ADMINISTRATION RECORD	Patient Name: <u>Green, Gary</u> Book-in Number: <u>09073266</u> Date of Birth: <u>03/14/1971</u>/Race: <u>B</u> Date of Service: <u>09/24/2009 12:36PM</u> Jail Location: <u>Low Sterrett West Tower, 3P12</u>
---	--

Ordering Provider: John Ridge, MD
 Allergies: NO KNOWN ALLERGIES

Drug Dose/ Route/ Frequency	Start Date	Stop Date	Day 1				Day 2				Day 3			
			0	1	1	2	0	1	1	2	0	1	1	2
			6	2	8	4	6	2	8	4	6	2	8	4
			0	0	0	0	0	0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0	0	0
			-	-	-	-	-	-	-	-	-	-	-	-
			1	1	2	0	1	1	2	0	1	1	2	0
			1	7	3	6	1	7	3	6	1	7	3	6
			5	5	5	5	5	5	5	5	5	5	5	5
			9	9	9	9	9	9	9	9	9	9	9	9
<u>Remeron 7.5mg</u> <u>po q PM</u>	<u>9/24</u>													
<u>Kidase long</u>														

Initial: _____ Signature: _____

Initial: _____ Signature: _____

Initial: _____ Signature: _____

Initial: _____ Signature: _____

Initial: _____ Signature: _____

Initial: DR Signature: DR 09/24/09

Attention:

Please flag all temporary MARS with a "Post It Flag" and leave in the MAR book each day until the printed MAR arrives.

Please notify the pharmacy if a printed MAR has not been received by the third day a medication has been ordered.



Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas TEMPORARY MEDICATION ADMINISTRATION RECORD	Patient Name: <u>Green, Gary</u> Book-in Number: <u>09073266</u> Date of Birth: <u>03/14/1971</u> Race: <u>B</u> Date of Service: <u>09/22/2009 01:34PM</u> Jail Location: <u>Lew Sterrett West Tower, CONY</u> <div style="text-align: right; font-size: 1.5em;">3012</div>
---	---

Ordering Provider: Jon Sunde PA.
 Allergies: NO KNOWN ALLERGIES

09/22/09.

Drug Dose/ Route/ Frequency	Start Date	Stop Date	Day 1				Day 2				Day 3			
			0	1	1	2	0	1	1	2	0	1	1	2
			6	2	8	4	6	2	8	4	6	2	8	4
			0	0	0	0	0	0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0	0	0
			-	-	-	-	-	-	-	-	-	-	-	-
			1	1	2	0	1	1	2	0	1	1	2	0
			1	7	3	6	1	7	3	6	1	7	3	6
			5	5	5	5	5	5	5	5	5	5	5	5
			9	9	9	9	9	9	9	9	9	9	9	9
Clonidine 0.2mg PO x 1 Now	9/22/09	9/22/09	0				0							
Amlodipine 5mg PO daily x 30 days	9/22/09													
Atorvastatin 20mg PO daily x 30 days	9/22/09													

Initial: P Signature: Pat Jacobson Initial: _____ Signature: _____
 Initial: _____ Signature: _____ Initial: _____ Signature: _____
 Initial: _____ Signature: _____ Initial: _____ Signature: _____

Attention:

Please flag all temporary MARS with a "Post it Flag" and leave in the MAR book each day until the printed MAR arrives.
 Please notify the pharmacy if a printed MAR has not been received by the third day a medication has been ordered.

Parkland Health & Hospital System Dallas County Jail Health Dallas, Texas TEMPORARY MEDICATION ADMINISTRATION RECORD	Patient Name: <u>Green, Gary</u> Book-in Number: <u>08062551</u> Date of Birth: <u>03/14/1971</u> Date of Service: <u>08/12/2008 09:40PM</u> Jail Location: <u>Low Sterrett Infirmary, 3MW02</u>
---	---

Ordering Provider: J. Sunde PA
 Allergies: NO KNOWN ALLERGIES

				8/13/08				8/14/08				8/15/08			
				Day 1				Day 2				Day 3			
Drug	Dose/ Route/ Frequency	Start Date	Stop Date	0	1	1	2	0	1	1	2	0	1	1	2
				6	2	8	4	6	2	8	4	6	2	8	4
				0	0	0	0	0	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0	0	0	0	0
				-	-	-	-	-	-	-	-	-	-	-	-
				1	1	2	0	1	1	2	0	1	1	2	0
				1	7	3	6	1	7	3	6	1	7	3	6
				5	5	5	5	5	5	5	5	5	5	5	5
				9	9	9	9	9	9	9	9	9	9	9	9
	Clonidine 0.2mg	8/12/08													
	BID PO X 90 days														
	HCTZ 25mg	8/12/08													
	PO Daily X 90 days														

Initial: AS Signature: [Signature] 27874

Initial: _____ Signature: _____

Initial: _____ Signature: _____

Initial: _____ Signature: _____

Initial: [Signature] Signature: [Signature] 27816

Initial: _____ Signature: _____

*** Please Fax Orders to Parkland Jail Health Pharmacy 214-875-2459 ***

Attention:

Please flag all temporary MARS with a "Post it Flag" and leave in the MAR book each day until the printed MAR arrives.

Please notify the pharmacy if a printed MAR has not been received by the third day a medication has been ordered.

THE STATE OF TEXAS
TO ANY SHERIFF OR ANY CONSTABLE OR ANY PEACE OFFICER
OF THE STATE OF TEXAS - GREETINGS:
YOU ARE HEREBY COMMANDED to summon

290-720

AS

NO. F0959380

CUSTOMER OF RECORDS FOR PARKLAND HEALTH & HOSPITAL SYSTEMS
to be and appear before the 282ND JUDICIAL DISTRICT COURT of Dallas County, Texas, at the Courthouse of said
County, in the City of Dallas, on the 19TH day of OCTOBER, 2010, at 9:00 then and there to testify as a witness in behalf of the
State in a Criminal action pending in said Court, wherein THE STATE OF TEXAS is plaintiff
and GARY R. GREEN, Defendant; No. F0959380

DUES TECUM ☐ NOT APPLICABLE

May 12 2010

and that she/he bring with her/him and produce in said Court, at said time and place: TRUE & CORRECT COPIES UNDER
AFFIDAVIT CERTIFYING SAME: ANY AND ALL RECORDS PERTAINING TO MEDICAL / PSYCHOLOGICAL
TREATMENT OF PATIENT GARY R. GREEN B/M 03/14/71.

Call for

pick up

☒ In the alternative, such information may be provided to D.A. NOV. JIM SPURGER 214.653.3897

and there remain from day to day and from term to term until discharged by the Court.
HEREIN FAIL NOT. But of this Writ make due return, showing how you have executed the same.

OUT OF COUNTY ☐ NOT APPLICABLE

A DISOBEDIENCE OF this Subpoena is punishable by a fine not exceeding \$500, to be collected as fines and costs in
other criminal cases.

WITNESS MY OFFICIAL SIGNATURE, THIS 12TH day of MAY, 2010.

GARY FITZSIMMONS
CLERK, DISTRICT COURTS
DALLAS COUNTY, TEXAS

By [Signature], Deputy

282ND JUDICIAL DISTRICT COURT
DALLAS COUNTY, TEXAS

STATE OF TEXAS

VS.

GARY GREEN

SUBPOENA

ISSUED

This 12TH day of MAY, 2010

GARY FITZSIMMONS
Clerk, District Courts
Dallas County, Texas

By [Signature] Deputy
ATTORNEY: ANDY BEACH

Assistant District Attorney
Dallas Criminal District Attorney
133 N. Riverfront Blvd., LB-19
Dallas, Texas 75207
(214)653-3897

CAUSE NO. F0959380

STATE OF TEXAS

IN THE 282ND JUDICIAL

VS.

DISTRICT COURT OF

GARY GREEN

DALLAS COUNTY, TEXAS

**ORDER FOR MEDICAL / THERAPEUTIC / PSYCHIATRIC
RECORD RELEASE**

On this the 12TH day of MAY, 2006 the Court has reviewed the attached subpoena application for ANY AND ALL medical / therapy records of any kind from, **PARKLAND HEALTH & HOSPITAL SYSTEMS** pertaining to **GARY GREEN** and good cause has been shown for the issuance of the attached subpoena to further the prosecution of a criminal matter pending before this court.

IT IS HEREBY ORDERED that the health care provider named in the subpoena release all records designated therein.

SIGNED MAY 12TH, 2010



The Honorable Judge Presiding

JUDICIAL District Court #282ND

☒ INVESTIGATOR WILL SERVE

☐ CONSTABLE WILL SERVE

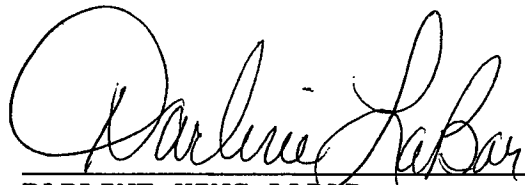
Reporter's Certificate

THE STATE OF TEXAS:

COUNTY OF DALLAS:

I, Darline King LaBar, Deputy Official Court Reporter in
and for the 282nd District Court of Dallas County, State of
Texas, do hereby certify that the foregoing exhibits constitute
true and complete duplicates of the original exhibits,
excluding physical evidence, offered into evidence during the
jury trial in Cause No. F09-59380-S, The State of Texas vs.
GARY GREEN, as set out herein before the Honorable Judge Andy
Chatham, Judge of the 282nd District Court of Dallas County,
Texas.

WITNESS MY OFFICIAL HAND this the Reporter's
Certificate on the 17th day of March, A.D., 2011.



DARLINE KING LABAR
Official Court Reporter
363rd Judicial District Court
Dallas County, Texas
133 North Riverfront Blvd., 5th Floor
Dallas, Texas 75207-4313
hpdkaith@msn.com
(214) 653-5893

Certificate No: 1064
Expiration Date: 12/31/2012